

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25750

State File No.

BIRTH NO.		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>6096</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>SCHUYLER</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLENWOOD - RURAL</u>		c. LENGTH OF STAY (in this place) <u>✓</u>		a. STATE <u>MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLENWOOD - RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLENWOOD - RURAL</u>		d. STREET ADDRESS <u>0928</u>		b. COUNTY <u>SCHUYLER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				d. STREET ADDRESS (If rural: give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>IDA</u>	b. (Middle) <u>M</u>	c. (Last) <u>BIRNEY</u>	Date <u>JULY 4, 1950</u>	Month <u>7</u>	Day <u>4</u>	Year <u>1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 15, 1880</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 24 HRS. Days <u>9</u>	IF UNDER 24 HRS. Hours <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY CHATTIN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E AULT</u>		14. NAME OF HUSBAND OR WIFE <u>SAM BIRNEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Mary Birney</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dilated heart, Myocardial insufficiency</u>				<u>Sudden</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Enlarged & dilated heart, Chronic</u>				<u>Unknown</u>	
		DUE TO (c) <u>Constitutionally weak & anemic</u>				<u>586X</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholecystectomy Nov. 1949</u>					
		Severe attack of Influenza March 1945					
19a. DATE OF OPERATION <u>Nov 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gallstones Cholelithiasis</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 25, 1950</u> , to <u>July 4, 1950</u> , that I last saw the deceased alive on <u>July 4, 1950</u> , and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edwin Newton, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Lancaster, Mo.</u>		23c. DATE SIGNED <u>July 5, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 5, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u>		24d. LOCATION (City, town, or county) (State) <u>GLENWOOD, MO</u>	
DATE REC'D BY LOCAL REG. <u>July 12, 50</u>		REGISTRAR'S SIGNATURE <u>Jessie R. Drake</u>		353		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett R. Head</u>	
						ADDRESS <u>Lancaster, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JUL 1 1950
District Health Officer No. 10

District File Number 7-50-1108

Date Filed JUL 14 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.