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FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26556

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 161

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

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 0396
d. STREET ADDRESS (If rural, give location): 917 E. Chestnut Street

3. NAME OF DECEASED (Type or Print)
a. (First): MITTIE
b. (Middle): AMANDA
c. (Last): BIRDSONG

4. DATE OF DEATH (Month) (Day) (Year): Aug. 26, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10 Jan 1876
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Marshall County, Mississippi
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Pinckney Ward
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Edward Birdsong, Springfie Id, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Ed. Birdsong, Springfield, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture, Simple; Neck of right femur — INTERVAL BETWEEN ONSET AND DEATH: July 4, 50

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): — E 9020
DUE TO (c): — 21

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Hypertensive Cardio-vascular Disease — ?
Diabetes mellitus — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 133
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): front porch of home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Springfield Greene Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 4 1950 3 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Slipped & fell off porch

22. *I hereby certify that I attended the deceased from* July 4, 1950, *to* Aug 26, 1950, *that I last saw the deceased alive on* Aug. 26, 1950, *and that death occurred at* 10:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward Marcus M.D.
23b. ADDRESS: 623 Woodruff Bldg
23c. DATE SIGNED: 8/27/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: 28 Aug 1950
24c. NAME OF CEMETERY OR CREMATORY: Water Valley
24d. LOCATION (City, town, or county) (State): Water Valley, Mississippi

DATE REC'D BY LOCAL REG.: 8-28-50
REGISTRAR'S SIGNATURE: W E Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Frank C. Thieme, Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Ralph H. Thieme

Signed _____
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri.

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.