

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **41431**

FILED JAN 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico	
c. LENGTH OF STAY (in this place) 15 min.		d. STREET ADDRESS (If rural, give location) 1021 E. Anderson St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) J. c. (Last) BIRCH	4. DATE OF DEATH (Month) Dec. (Day) 26 (Year) 52
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 12, 1904	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months 0 Days 43	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY Fire Brick	11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fred Birch	13b. MOTHER'S MAIDEN NAME Ida Carter	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 491-05-6041	17. INFORMANT'S SIGNATURE OR NAME Vernon Birch, Mexico, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years Old man
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio Renal Disease		
	ANTECEDENT CAUSES 2 Acute Heart Failure Chronic Bright Disease DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X
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22. I hereby certify that I attended the deceased from Jan 1950, to Dec. 26, 1952, that I last saw the deceased alive on Dec 14, 1952, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Harry J. O'Brien M.D. (Degree or title)	23b. ADDRESS Mexico, Missouri	23c. DATE SIGNED 12-30-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-30-52	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Mexico, Mo.
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DATE REC'D BY LOCAL REG. Dec-30-1952	REGISTRAR'S SIGNATURE Blanche Keely	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Pugh	ADDRESS Mexico, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Billy J. Stinner

Licensed Embalmer No. 4784

P. O. Address Mexico 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.