

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2195**

BIRTH NO. _____ REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **3050** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Missouri	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Caruthersville		c. CITY OR TOWN Caruthersville	
c. LENGTH OF STAY (in this place) 40		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
• STREET ADDRESS (If rural, give location) 506 East 13th St			

3. NAME OF DECEASED (Type or Print) a. (First) George	b. (Middle) W	c. (Last) Birtle	4. DATE OF DEATH (Month) (Day) (Year) 1-8-56
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5. SEX M	6. COLOR OR RACE Cal	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-19-1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 0 Days 19	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Travel Salesman	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Lipton Co Texas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edgar Birtle	13b. MOTHER'S MAIDEN NAME Shirahett Buffin	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lauretta Norfolk	ADDRESS Memphis Tenn
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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, asphyxia, 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) Bronchogenic Carcinoma of Right Lung		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		162x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-23**, 19**55**, to **1/6**, 19**56**, that I last saw the deceased alive on **1/6**, 19**56** and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Warren P. McCoy M.D.	23b. ADDRESS Caruthersville Mo	23c. DATE SIGNED 1/9/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-10-56	24c. NAME OF CEMETERY OR CREMATORY Chicago Ill	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 1-17-56	REGISTRAR'S SIGNATURE Edgar A. Bridger	25. FUNERAL DIRECTOR'S SIGNATURE Leamon Todd Co. St. Louis Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
0.48

1-21-56

JAN 16 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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.....
Signature of Student Embalmer

Signed *John H. German*.....

Licensed Embalmer No. *43*

P. O. Address *Hayti,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.