FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 23574

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 847

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph Hospital — Length of stay in Ib: Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph 0117 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2824 S. 17th Street — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Alma Middle: D. Last: Birchell

4. DATE OF DEATH Month Day Year: July 29, 1957.

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: August 22, 1896 **9. AGE** (In years last birthday): 60 — 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**: At home **11. BIRTHPLACE** (City and state or country): St. Joseph, Missouri. **12. CITIZEN OF WHAT COUNTRY?**: USA

13a. FATHER'S NAME: Herman Zebrock **13b. MOTHER'S MAIDEN NAME**: Anna Gonscroft **14. NAME OF HUSBAND OR WIFE**: John Jack Birchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.**: none **17. INFORMANT**: John Birchell Address: St. Joseph, Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 2yrs 7 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 5810

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ] **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from 2/22/56 to 7/29/57 and last saw her alive on 7/29/57
Death occurred at 8:40 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Guy Redmond (Degree or title) MD **22b. ADDRESS** St. Joseph, Mo **22c. DATE SIGNED** 7/30/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: August 1, 1957 **23c. NAME OF CEMETERY OR CREMATORY**: Ashland Cemetery **23d. LOCATION** (City, town, or county) (State): St. Joseph, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Meierhoffer-Fleeman, Inc., St. Joseph, Mo. **25. DATE RECD. BY LOCAL REG.**: Aug. 2, 1957 **26. REGISTRAR'S SIGNATURE**: Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4679

P. O. Address St. Joseph, Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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