

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009410  
STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 115-116 Primary Registration District No. 3033 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Labadie 0360</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>		Length of stay in lb <u>2 days</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>J.</u> Last <u>Birmingham</u>			4. DATE OF DEATH Month <u>March</u> Day <u>12</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 31, 1887</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>11</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even, if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Marie Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13. FATHER'S NAME <u>Walter Birmingham</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Fennessy</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Leslie Birmingham, Washington, Mo.</u> Address <u>R 2,</u>

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of hypopharynx with</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>metastasis to spine &amp; lung, pelvis</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>177X</u>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>March 1957</u> to <u>1958</u> - <u>hus</u> and last saw <sup>him</sup> alive on <u>2/12/58</u> Death occurred at <u>4:05 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>L. E. Fern M.D.</u>	22b. ADDRESS <u>Washington Mo</u>	22c. DATE SIGNED <u>3/12/58</u>

23a. BURIAL, CREMATION, OR DISPOSAL (Specify) <u>Burial</u>	23b. DATE <u>Mar 14, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Labadie, Missouri</u>
24. FUNERAL DIRECTOR <u>Heburg &amp; Witt, Inc. Washington, Mo.</u> <u>J. H. Witt</u>	25. DATE RECEIVED BY LOCAL REG. <u>3/13/58</u>	26. REGISTRAR'S SIGNATURE <u>F. P. Schulman of St. Charles</u>	

(Licensed Embalmer's Statement on Reverse Side)

00 56  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Coroner cannot certify to a death due to natural causes.

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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 *Lester A. Pitt*.....

Licensed Embalmer No. *32*.....

P. O. Address *Washington*.....

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.