

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036023
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 968

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>CAMP</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Pittsburg</u> ⁸⁴² 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. Johns Hospt.</u> Length of stay in 1b <u>2yrs</u>		d. STREET ADDRESS (If outside, give location) <u>RR6 Box II</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>MORRIS</u> Middle <u></u> Last <u>BIRDINE</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>9</u> Year <u>58</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</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>June 2 1917</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mulching Machine Opr</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>Pittsburg Texas / U.S.</u>		
13. FATHER'S NAME <u>Andrew Birdine</u>			14. MOTHER'S MAIDEN NAME <u>Roxie Turner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W 2</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Ida Mae Birdine 1238 Record Crossing Rd. Dallas, Texas</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>1-Crushing chest injury with hemopneumothorax, right.</u> <u>2-Rupture of left diaphragm with hemothorax, left.</u> <u>3-Rupture of liver and spleen, with hemoperitoneum.</u> DUE TO (b) <u></u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>9105 6</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

20a. ACCIDENT <input checked="" 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>Ditch Caved in on sewer line project</u>	
20c. TIME OF INJURY Hour <u>5:00 P.</u> Month, Day, Year <u>Oct 9-58</u>		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Street (sewer line)</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Springfield Greene MO</u>
21. I attended the deceased from <u>10/9/58</u> to <u>10/9/58</u> and last saw him alive on <u>10/9/58</u> Death occurred at <u>7:30p m on the date stated above; and to the best of my knowledge, from the causes stated.</u>		

22a. SIGNATURE <u>John W. Peltz MD</u> (Degree or title)	22b. ADDRESS <u>604 Medical Arts Bldg., Springfield 4, Missouri</u>	22c. DATE SIGNED <u>10/13/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10-11-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u></u>
23d. LOCATION (City, town, or county) (State) <u>Pittsburg Texas</u>		
24. FUNERAL DIRECTOR <u>H.V. Smith</u> ADDRESS <u>602 N. Jefferson St.</u>	25. DATE RECD. BY LOCAL REG. <u>10-14-58</u>	26. REGISTRAR'S SIGNATURE <u>Offie E. Mellon</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Service
300 1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

NOV 21 1958

OCT 20 1958

OCT 24 1958

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 *Herbert V Smith*.....

Licensed Embalmer No. *428*

P. O. Address *Springfield*

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.