

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006024  
State File No. ....

LED MAR 5 1959

REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 572 Registrar's No. 62

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL PRAIRIE		c. CITY OR TOWN Independence	
c. LENGTH OF STAY (in this place) 4 yrs		d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JACKSON County Hosp.			
3. NAME OF DECEASED a. (First) Myrtle		b. (Middle) E.	
c. (Last) BIRNER		4. DATE OF DEATH (Month) (Day) (Year) Feb. 25 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2	8. DATE OF BIRTH Feb. 16 1878
9. AGE (to years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Cook Co., Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. D. Smith		13b. MOTHER'S MAIDEN NAME Elizabeth E. Dissinger	
14. NAME OF HUSBAND OR WIFE Anthony Birner, dec'd		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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ester Long, Rt. # 2, Indep., Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart disease ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized Arterio Sclerosis DUE TO (c) 4208 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-2 1955, to 2-25 1959, that I last saw the deceased alive on 2-25 1959, and that death occurred at 5:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Philip Hager M.D.		23b. ADDRESS Lees Summit, Mo.	
23c. DATE SIGNED 2/25/59			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-28-59	
24c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 2-26-1959		REGISTRAR'S SIGNATURE N. B. Kongsfjord	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Neal Lawson & Son Indep., Mo.	

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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 *R. Kenneth Patterson*.....

Licensed Embalmer No. *468*.....

P. O. Address *Indy*.....

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.