

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024660

FILED VS JUL 24 1959

Registration District No. 09 Primary Registration District No. 5424 Registrar's No. 19

STATE FILE NUMBER

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Dunklin				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Union Township		Length of stay in 1b		c. CITY OR TOWN Campbell		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wilhelmina Road			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BERNARD Middle TIMOTHY Last BIRMINGHAM				4. DATE OF DEATH Month July Day 8 Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-3-1940	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Valley Park, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James A. Birmingham			13b. MOTHER'S MAIDEN NAME Ida Margaret Sagel			14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 488-46-0521		17. INFORMANT Tom Birmingham		3845^{Address} Botanical St. Louis, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basal Fracture of Skull						INTERVAL BETWEEN ONSET AND DEATH 10 min.		
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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Car turned over						
20c. TIME OF INJURY Hour 7:50 a.m. _____ p.m. _____ Month, Day, Year July 8 59								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wilhelmina Road		20f. CITY, TOWN, OR LOCATION Union Township		COUNTY Dunklin	STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at 8:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Quinton Taylor, M.D.				22b. ADDRESS Kennett, Mo.		22c. DATE SIGNED 7-11-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 11, 1959	23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		23d. LOCATION (City, town, or county) (State) Campbell Missouri--Rt. #3			
24. FUNERAL DIRECTOR Handess Funeral Home		ADDRESS Campbell Missouri		25. DATE RECD. BY LOCAL REG. 7-13-59	26. REGISTRAR'S SIGNATURE Mrs. Beulah Campbell			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Christine M. Lande

Licensed Embalmer No. 42

P. O. Address Campbell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.