

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007491

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 34

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAR 4 1963**

1. PLACE OF DEATH  
 a. COUNTY Lincoln  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Township Length of stay in 1b 1 year  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles north of Troy Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Lincoln  
 c. CITY OR TOWN Winfield Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 3 miles west of Winfield Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last MARY FRANCES BIRKHEAD 4. DATE OF DEATH Month Day Year FEB. 28, 1963

5. SEX female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 5-14-75 9. AGE (last birthday) 87 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days 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 None 11. BIRTHPLACE (City and state or country) Winfield, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Charles Houston 13b. MOTHER'S MAIDEN NAME Amanda Elston 14. NAME OF HUSBAND OR WIFE Daniel L. Birkhead  
 Address Bed. 1945

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. [redacted] 17. INFORMANT Address W. O. Fischer, Winfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Senility  
 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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 12/1/62 to 2/28/63 and last saw her alive on 2/28/63. Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Type or title) [Signature] 22b. ADDRESS Troy mo 22c. DATE SIGNED 2/28/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial 23b. DATE 3-28-63 23c. NAME OF CEMETERY OR CREMATORY Admire Cemetery 23d. LOCATION (City, town, or county) (State) Winfield, Mo.

24. FUNERAL DIRECTOR ADDRESS Ricks Funeral Home Elsberry, Mo. 25. DATE RECD. BY LOCAL REG. 2-28-1963 26. REGISTRAR'S SIGNATURE Charlotte Leek

DATE AMENDED  
 VS 300 Rev. 4/59  
 1 0570  
 2 0570  
 3  
 4 1  
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 7 0  
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 12 90-0  
 13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ

ITEM NO.

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAR 11 1963

**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 *G. Lambert*

Licensed Embalmer No. 7017

P. O. Address Elkhart, Ind.

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.