

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036810

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 4292 Registrar's No. 140

FILED OCT 1 1963		1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WINFIELD</u>		Length of stay in 1b <u>52 yrs.</u>		c. CITY OR TOWN <u>Winfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MAHLON BAILEY BIRKHEAD</u>			4. DATE OF DEATH Month Day Year <u>Sept. 22, 1963</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>Nov. 12, 1963</u>	9. AGE (last birthday) <u>76 yrs.</u>	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) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RFD Winfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hiram L. Birkhead</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Turnbull</u>		14. NAME OF HUSBAND OR WIFE <u>Maude (nee Miller)</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>[REDACTED]</u>		17. INFORMANT Address <u>Maude Birkhead Winfield, Mo.</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>GENERALIZED ARTERIOSCLEROSIS</u> 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) <u>DIABETES MELLITUS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>UNK.</u>
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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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>JUNE 1962</u> to <u>SEPT 1963</u> and last saw her/him alive on <u>SEPT 21, 1963</u> Death occurred at <u>12:50 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Paul Berry MD</u> (Degree or title)		22b. ADDRESS <u>1101 W. Mo</u>		22c. DATE SIGNED <u>9-26-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 24, 1963</u>		23c. NAME OF CEMETERY <u>Winfield</u>	
23d. LOCATION (City, town, or county) <u>Winfield, Mo.</u>		24. FUNERAL DIRECTOR <u>U. Garlan Ricks</u> ADDRESS <u>Elsherry, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-27-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>					

DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
 1 0570
 2 0570
 3
 4 0
 5 1
 6
 7 0
 8 2
 9 4500
 10
 11
 12 90-0
 13 1-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

OCT 3 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. Galbreath*

Licensed Embalmer No. 4012

P. O. Address Elstberg, Mo.

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.