

MISSOURI DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

0032667

7996

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. Primary Registration District No. Registrar's No.

SEF 11 ED03 64

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike County	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN Bowling Green
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. #4
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT MARION BIRKHEAD			4. DATE OF DEATH Month Day Year August 20, 1964
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-24-1892
9. AGE (last birthday) 71	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Winfield, Missouri
12. CITIZEN OF WHAT COUNTRY USA	13a. FATHER'S NAME Joel Aylett Birkhead	13b. MOTHER'S MAIDEN NAME Adeline Dunn Brown	14. NAME OF HUSBAND OR WIFE Velma Sisson Birkhead
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. 489-42-2063	17. INFORMANT Address Velma Birkhead, RFD#4, Bowling Green, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac arrest</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 min</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arteriosclerotic heart disease</i>			<i>1 yr</i>
DUE TO (c) <i>4200H</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>carcinoma of lung</i>			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 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.	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 <i>Aug 21 1964</i> to <i>Aug 22, 1964</i> and last saw ^{her} him alive on <i>Aug 23, 1964</i> Death occurred at <i>11</i> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Donald A. Feuzer M.D.</i>		22b. ADDRESS <i>4919 Forest Park</i>	22c. DATE SIGNED <i>8/22/64</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 8-22-1964	23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	23d. LOCATION (City, town, or county) (State) Bowling Green, Missouri
24. FUNERAL DIRECTOR Bankhead Funeral Home, Bowling Green, Mo.		25. DATE RECD. BY LOCAL REG. AUG 21 1964	26. REGISTRAR'S SIGNATURE <i>Loal Smith, M.D.</i>

USE BLACK INK

OR TYPEWRITER RIBBON

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SEP 22 1964

Dr. Donald J. Simpson
491977
1-1-64

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.

Printed Name of Student

Printed Name of Licensed Embalmer

Printed Name of Licensed Embalmer

Printed Name of Licensed Embalmer

Printed Name of Licensed Embalmer