

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39689**

FILED JAN 10 1949

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

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 187	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. LENGTH OF STAY (In this place) 25 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		J 3 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home, 508 Poertner St.				d. STREET ADDRESS (If rural, give location) 508 Poertner St.			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) S. c. (Last) Birge.			4. DATE OF DEATH (Month) (Day) (Year) December 25 1948				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 27th 1880	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance & Reak Estate				10b. KIND OF BUSINESS OR INDUSTRY Agency		11. BIRTHPLACE (State or foreign country) Detriot, Texas / 99	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13a. FATHER'S NAME Chas. D. Birge			13b. MOTHER'S MAIDEN NAME Nancy King		14. NAME OF HUSBAND OR WIFE Mrs. Carra Birge.		
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas. Birge Boonville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 93A		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 30 minutes ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension - arteriosclerotic Cardio-vascular disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None INTERVAL BETWEEN ONSET AND DEATH 5+ years.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None			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) m.		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 7-25-48 , 19 48 , to 12-25 , 19 48 , that I last saw the deceased alive on 12-17-48 , 19 48 , and that death occurred at 9:30 AM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. M. Stuart, M.D.				23b. ADDRESS 329 Main St., Boonville, Mo.		23c. DATE SIGNED 12-28-48	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 27th / 48		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Boonville Missouri	
DATE REC'D BY LOCAL REG. 12-28-48		REGISTRAR'S SIGNATURE D. Cooper 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Hollar Boonville Mo.			

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-8-49

JAN 10 1949

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
Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Bonville, 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 this body is not embalmed, fact should be so stated above.