

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>MACON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before (Union)) a. STATE <u>Mo.</u> b. COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hudson</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>904 Center</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth San. U</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u> b. (Middle) <u>D</u> c. (Last) <u>Birch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 24, 1949</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 16 1894</u>	9. AGE (In years last birthday) <u>54</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo. Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>	
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13a. FATHER'S NAME <u>Sample Austin Birch</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Ester Hewell</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Birch</u>		ADDRESS <u>Hannibal, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Thrombosis</u>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>two days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420</u>				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan 23 1949, to Jan 24 1949, that I last saw the deceased alive on Jan 23 1949, and that death occurred at 3:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Floyd E. Dunning M.D.</u>		23b. ADDRESS <u>Stiel-Hildreth San</u>		23c. DATE SIGNED <u>1/24/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>	24b. DATE <u>1/24/49</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>To Hannibal, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>1-27-49</u>	REGISTRAR'S SIGNATURE <u>Ruth Mcneely</u>	185	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert Kerner</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 10 1949

NOV 28 1961

RECEIVED

District Health Officer NO 10

District File Number 2-49-317

FEB 16 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 Albert Skinner

Licensed Embalmer No. 757

P. O. Address Macon ME

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.