S. No. 300
EV. 10-48

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FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26199

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 51310 Registrar's No. 876

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gower "Rural"
c. LENGTH OF STAY (In this place): 74 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence Fremont Twsp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gower "Rural"
d. STREET ADDRESS (If rural, give location): Rural" 3 Mi N.W. Gower Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Jane
c. (Last): Birkhead

4. DATE OF DEATH (Month) (Day) (Year): Aug. 13 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 29-1862
9. AGE (In years last birthday): 86 | 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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (State or foreign country): Orange Co. Ind.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Pennick
13b. MOTHER'S MAIDEN NAME: Mary Jane Noblett
14. NAME OF HUSBAND OR WIFE: James W. Birkhead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Earnest Birkhead
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — several years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4500

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): no injury
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-8, 1949, *to* 8-13, 1949, *that I last saw the deceased alive on* 8-13, 1949, *and that death occurred at* 4:30 p m., *from the causes and on the date stated above.* 8-14-49

23a. SIGNATURE (Degree or title): J. C. Starks M.D.
23b. ADDRESS: Gower Mo
23c. DATE SIGNED: 8-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 16, 1949
24c. NAME OF CEMETERY OR CREMATORY: Allen Cem.
24d. LOCATION (City, town, or county) (State): Gower, Mo.

DATE REC'D BY LOCAL REG.: Aug 15, 1949
REGISTRAR'S SIGNATURE: E. E. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: John H. Murray Gower, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 17 1959

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 Me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Gower, 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.