

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

177991

State File No.

FILED MAY 29 1950

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5986</u>		Registrar's No. <u>60</u>				
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Swedenborg</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Swedenborg</u>		1850				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>						
3. NAME OF DECEASED (Type or Print) <u>William</u>			a. (First) <u>William</u>		b. (Middle) <u>BIRNIE</u>		c. (Last)			
4. DATE OF DEATH <u>May 16, 1950</u>			(Month) <u>May</u>		(Day) <u>16</u>		(Year) <u>1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 2, 1892</u>		9. AGE (In years, last birthday) <u>57</u> 11 14		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>U.S.A. 9</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Ethel Bernie</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>NO</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Bernie Swedenborg</u>			ADDRESS <u>Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None that I know</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10</u> <u>8 yrs</u> <u>4201</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						20. AUTOPSY? YES ☐ NO ☒		
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>May 6</u> , 19 <u>50</u> , to <u>May 6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 6</u> , 19 <u>50</u> , and that death occurred at <u>4 A.</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Paul C. Koch M.D.</u> (Degree or title)				23b. ADDRESS <u>Richland, Mo</u>				23c. DATE SIGNED <u>May 1950</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pulaski County Missouri</u>				
DATE REC'D BY LOCAL REG. <u>5-25-50</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. K. K. K.</u>		ADDRESS <u>Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

61950

RECEIVED 5/23/50
Pulaski County Health Officer
File Number.....
Date Filed 5/25/50

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.....

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Licensed Embalmer No. 42625

P. O. Address

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.