

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26547

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5438 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Brush Creek Twp</b>		c. LENGTH OF STAY (in this place) <b>3 yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cuba, Mo. Route 1</b>		d. STREET ADDRESS (If rural, give location) <b>Cuba, Mo. Route 1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>FREDERICK</b> c. (Last) <b>BIRKMAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 12 1950</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 5, 1883</b>
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 12 HRS. Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>***</b>	11. BIRTHPLACE (State or foreign country) <b>Gerald, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Herman Birkmann</b>	
13b. MOTHER'S MAIDEN NAME <b>Anna K. Kock</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Branson Birkmann</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>***</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Martha Birkmann</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>SUICIDE</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>SELF INFLICTED BY</b> DUE TO (c) <b>12 GAUGE SHOT GUN</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>HEAD WOUND</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>SUICIDE</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HOME</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>GASCONADE MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8-12-1950 12 A.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>✓</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Hugost D. Lerner</b> (Degree or title) <b>CORONER</b>		23b. ADDRESS <b>Herman Mo</b>	
23c. DATE SIGNED <b>8/17/50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>8-14-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Evangelical Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Gerald, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Millford H. H. Winter</b>	
25. ADDRESS <b>OWENSVILLE</b>		DATE REC'D BY LOCAL REG. <b>363</b>	
REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10/48  
370  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
AUG 25 1950  
DISTRICT HEALTH OFFICE No. 4  
File No.

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

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Maupel J.H. White

Licensed Embalmer No. 3831

P. O. Address WENSVILLE 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.