

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29426
Registrar's No. 1126

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1126

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FOREST CITY</u>	
c. LENGTH OF STAY (In this place) <u>10 DAYS</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6008 GORDON AVE.</u>			
3. NAME OF DECEASED a. (First) <u>ANNA</u> b. (Middle) <u>MARIE</u> c. (Last) <u>BIRMINGHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 4 1950</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 6, 1874</u>
9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. JOSEPH, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.B.A.</u>			
13a. FATHER'S NAME <u>MICHAEL IGOE</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN LOFTUS</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN THOMAS BIRMINGHAM</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. RUSSELL MARKT OREGON, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES (b) <u>Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>4201</u>	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9-23 1950</u> , to <u>10-3 1950</u> , that I last saw the deceased alive on <u>9-23 1950</u> , and that death occurred at <u>4:20 A.M.</u> , from the causes and on the date stated above.			
23a. SIGMA SIGMA SIGMA (Degree or title)	23b. ADDRESS <u>1100 70th Francis St. Joseph Mo</u>	23c. DATE SIGNED <u>10-16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>OCT. 8, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>mt. olive cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>ST. JOSEPH, MO.</u>
DATE REC'D BY LOCAL REG. <u>Oct 7, 1950</u>	REGISTRAR'S SIGNATURE <u>Carl C. Caslet</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u>	ADDRESS <u>Oregon Mo</u>

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

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 _____

Licensed Embalmer No. 3192

P. O. Address Oregon 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.

James H. Pittzinger