

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2096

State File No. _____

FILED JAN 24 1952

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 4360 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Syracuse</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Syracuse</u>	
c. LENGTH OF STAY (in this place)		8710	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>No street address</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Birch</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1952</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>May 2, 1869</u>	9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 WKS. Hours _____ Min. _____
--------------------	-------------------------------	---	-------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>	11. BIRTHPLACE (State or foreign country) <u>Morgan County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Smith B. Birch</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Self</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Wane Birch, Syria</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Wane Birch, Syracuse, Mo</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension & arteriosclerosis advanced</u>		10 yrs.	

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) _____	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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>490X</u>
--	--	--

22. I hereby certify that I attended the deceased from July 1950, to Jan. 1952, that I last saw the deceased alive on Jan. 16, 1952 and that death occurred at 3:45 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack Gunn MD</u> (Degree or title)	23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>Jan. 17, 1952</u>
--	-------------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/18/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Syracuse Cometary</u>	24d. LOCATION (City, town, or county) (State) <u>Syracuse, Mo.</u>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>1-21-52</u>	REGISTRAR'S SIGNATURE <u>Myrta Hotenpiller</u>	FUNERAL DIRECTOR'S SIGNATURE <u>James E. Richard</u>	ADDRESS <u>Lepta, Mo</u>
---	--	--	--------------------------

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

RECEIVED JAN 23 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 23 1952

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 *Jesse E. Richards*
Licensed Embalmer No. *2466*
P. O. Address *Lypton 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