

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26822

State File No.

FILED JUL 28 1952

BIRTH NO.		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6093</u>		Registrar's No. <u>155</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u> 0970 2				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> 1780			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Marshall Twp.</u>		c. LENGTH OF STAY (In this place) <u>1yr. 1mo. 2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>darown Steele</u> 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State School</u>				d. STREET ADDRESS <u>RFD 2</u> (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Samuel</u>		b. (Middle) <u>(none)</u>		c. (Last) <u>Birt</u>	
		4. DATE OF DEATH		Month <u>7</u> Day <u>21</u> Year <u>52</u>			
5. SEX <u>Male</u> <u>2</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> <u>0</u>		8. DATE OF BIRTH <u>7-26-43</u>	
9. AGE (In years last birthday) <u>8</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>15</u>		IF UNDER 24 HRS. Hours <u>15</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>patient</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State School</u>		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u> 1		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13a. FATHER'S NAME <u>John Birt</u>		13b. MOTHER'S MAIDEN NAME <u>Willie Mae Childs</u>		14. NAME OF HUSBAND OR WIFE <u>--</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) <u>--</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mo. State School Records, Marshall, Mo.</u> ADDRESS <u>Mo. State School Records, Marshall, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Gastritis</u>					<u>1 day</u>
		ANTECEDENT CAUSES <u>Idiot</u>					
		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		DUE TO (c) <u>--</u>					
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION <u>--</u>		19b. MAJOR FINDINGS OF OPERATION <u>--</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>--</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>--</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>--</u>			
22. I hereby certify that I attended the deceased from <u>7-21</u> , 19 <u>52</u> , to <u>7-21</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-21</u> , 19 <u>52</u> , and that death occurred at <u>12:30p.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James H. Davidson MD-0</u>				23b. ADDRESS <u>Mo. State School, Marshall, Mo.</u>		23c. DATE SIGNED <u>7-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 23, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hohby Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Steele Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 21-1952</u>		REGISTRAR'S SIGNATURE <u>Bidney F. Gray</u> <u>385</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u>		ADDRESS <u>Marshall, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed
Student Embalmer

Signed *James H. Lewis Jr.* _____

Licensed Embalmer No. *4709* _____

P. O. Address *Marshall, 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.