

FILED OCT 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31267

State File No.

BIRTH NO.		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5442</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Richland)</u>		c. LENGTH OF STAY (in this place) <u>59 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland</u> <u>0370</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 3 mi. East of Morrison</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi. east of Morrison</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u>		b. (Middle) <u>Marie</u>		c. (Last) <u>Birk</u>		4. DATE OF DEATH (Month) <u>8</u> (Day) <u>2</u> (Year) <u>52</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-9-1872</u>	
9. AGE (in years last birthday) <u>79</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>Little Berger, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Louis Augustine</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ido</u>		14. NAME OF HUSBAND OR WIFE <u>George Birk, Sr.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert Birk Morrison, 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 Artery Heart Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> DUE TO (c) <u>Myocardial Insufficiency</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>3 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input 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>July 12, 1952</u> , to <u>Aug. 2, 1952</u> , that I last saw the deceased alive on <u>July 26, 1952</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John B. Ryan M.D.</u>				23b. ADDRESS <u>Hermann Mo.</u>		23c. DATE SIGNED <u>8-6-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Assumption Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Morrison, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 9, 1952</u>		REGISTRAR'S SIGNATURE <u>Barthelme Wallace</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>August H. Shuman</u>		ADDRESS <u>Hermann, 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.

Student
Student Embalmer

Signed

Chas. H. Pope

Licensed Embalmer No. 2552

P. O. Address Hermann, 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.