

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34066

State File No. _____

FILED SEP 22 1952

BIRTH NO. _____		REG. DIST. NO. 378	PRIMARY REG. DIST. NO. 4552	Registrar's No. 56
1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY TEXAS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MTN GROVE, MO		c. LENGTH OF STAY (in this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Grove, Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION MTN GROVE, MO		d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) JOSEPH BARNEY BIRR a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH Aug 22-52 (Month) (Day) (Year)	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 11-19-1872	9. AGE (in years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (City and State or Foreign Country) VIRGINIA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME GUIN BIRR		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE HITTIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME MRS SID BANEY ADDRESS SPRINGFIELD MO	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency ANTECEDENT CAUSES Arteriosclerosis Heart disease 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.		INTERVAL BETWEEN ONSET AND DEATH 702 hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200			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)	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 Aug 10 , 19 52 , to Aug 22 , 19 52 , that I last saw the deceased alive on Aug 22 , 19 52 , and that death occurred at 4:30 P m. , from the causes and on the date stated above.				
23a. SIGNATURE Sid Bane (Degree or title) MD		23b. ADDRESS Mountain Grove Mo		23c. DATE SIGNED 8-28-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-24-52	24c. NAME OF CEMETERY OR CREMATORY SEYMOUR	24d. LOCATION (City, town, or county) (State) WEBSTER County Mo	
DATE REC'D BY LOCAL REG. 8-8-52	REGISTRAR'S SIGNATURE A.G. Ames	3435	GENERAL DIRECTOR'S SIGNATURE Robert B. ... ADDRESS	

(Licensed Embalmers' Statement on Reverse Side)

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

WRIGHT CO. HEALTH DEPT.
County File Number 959-111
Date Filed 9-20-52

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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 *How L. Ferrell*

Licensed Embalmer No. 4847

P. O. Address Manfield, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.