

FILED SEP 14 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27750

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 970

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gower, Rural, 0110	
c. LENGTH OF STAY (In this place) 6 Wks.		d. STREET ADDRESS (If rural, give location) R.F.D. #2 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mickie b. (Middle) Nellie c. (Last) Birkhead			4. DATE OF DEATH (Month) (Day) (Year) Aug. 29 1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 5/8/1888		9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	
11. BIRTHPLACE (State or foreign country) Platte Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		13. MOTHER'S MAIDEN NAME Alice Maupin	

13a. FATHER'S NAME John Wilson		14. NAME OF HUSBAND OR WIFE D.W. Birkhead	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME D.W. Birkhead		ADDRESS Gower, Mo.	

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) Generalized Carcinomatosis		ANTECEDENT CAUSES		1 1/2 yr	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ovarian Carcinoma		DUE TO (c) Anemia		1 1/2 yr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21. 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?		175X	

22. I hereby certify that I attended the deceased from May 1952, to 8-29, 1953, that I last saw the deceased alive on 8/29, 1953, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE M.E. Grimes M.D.		23b. ADDRESS St. Joseph Mo.		23c. DATE SIGNED 9-4-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/31/1953		24c. NAME OF CEMETERY OR CREMATORY Allen Cemetery	
24d. LOCATION (City, town, or county) Gower		Mo.		24e. (State)	

DATE REC'D BY LOCAL REG. Sep 8, 1953		REGISTRAR'S SIGNATURE Katherine M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE John A. Murray Gower Mo.	
--------------------------------------	--	--	--	---	--

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

This does not mean the mode of dying, such as heart failure, asthma, It means the disease, injury, or complication which caused death.

**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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 38930

P. O. Address Gower 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo.  
County of Buch. } ss.

State File No. 27750  
Local Registrar's No. 970

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of November, 1953, before me appears Mr. D. W. Birkhead, who, upon his oath, states that the original record of ~~birth~~ death for Mickie M. Birkhead died Aug. 29 ~~born~~, 1953, in the State of Missouri, and which was filed at St. Joseph on Sept. 8, 1953, should be corrected as follows:

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. 3 should read Mickie Nellie Birkhead

Instead of Mickie M. Birkhead

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

D. W. Birkhead  
Relationship. husband

R.R. #2, Lower, Mo.  
Present Address.

Subscribed and sworn to before me this 2nd day of November, 1953

My Commission expires My Commission Expires Nov. 3, 1956

Lang P. Belmont Notary Public.

