

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35041

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1173

1. PLACE OF DEATH  
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri. b. COUNTY Jackson.

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph

c. CITY OR TOWN Kansas City.

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.

e. STREET ADDRESS (If rural, give location) Olive Hotel. 9008

3. NAME OF DECEASED  
a. (First) John b. (Middle) Tolbert. c. (Last) Birch.

4. DATE OF DEATH (Month) (Day) (Year) Nov 11 1953

5. SEX Male

6. COLOR OR RACE White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH April 7, 1899.

9. AGE (In years last birthday) 54. 10. MONTHS 7 11. DAYS 7 12. HOURS 7 13. MIN. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Restaurant.

11. BIRTHPLACE (City and State or Foreign Country) Saline Co. Marshall Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Birch.

13b. MOTHER'S MAIDEN NAME Leona Salmond.

14. NAME OF HUSBAND OR WIFE Not Known

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. 499-07-6405

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sweeney Funeral Home. Marshall 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Crushing injuries to left chest  
ANTECEDENT CAUSES  
DUE TO (b) Fracture of the inferior maxillary bone, Fracture of right wrist and  
DUE TO (c) Fracture of right ankle  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Multiple lacerations on face, right hand, and both legs.

INTERVAL BETWEEN ONSET AND DEATH  
1 day  
1 day

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION man was fatally injured on U.S. Highway #71 near new market Platte Co. Mo.

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway #71

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) new market (Rural) Platte 083 Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 11. 1953 12:30 P.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I viewed the deceased from 11/11, 1953, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy M.D., Coroner

23b. ADDRESS St. Joseph, Mo.

23c. DATE SIGNED 11/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 11-11-53

24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery

24d. LOCATION (City, town, or county) (State) Marshall, Mo.

DATE REC'D BY LOCAL REG. Nov 12, 1953

REGISTRAR'S SIGNATURE Lothar M. Allison

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman W. Sidenfaden 1802 Union St. St. Joseph, Mo.

(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.....  
Signature of Student Embalmer

Signed.....

*Robert H. Gable*

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.