

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36418

State File No.

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5673 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Monroe Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Monroe Township</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		0570 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi. west of Winfield</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. west of Winfield</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CORA</u>	b. (Middle) <u>—</u>	c. (Last) <u>BIRKHEAD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED , UNMARRIED , SINGLE (Specify) <u>—</u>	8. DATE OF BIRTH <u>SEPT. 10, 1882</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>RFD - Winfield, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>FRANK ELSTON</u>	13b. MOTHER'S MAIDEN NAME <u>ALICE FOXWELL</u>	14. NAME OF HUSBAND OR WIFE <u>Clint Birkhead</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clint Birkhead - Winfield, Mo.</u>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos April 1953</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Gall Bladder with metastasis</u>		
	ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION <u>April 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Gall Bladder with metastasis 155X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from April 2, 1953, to Nov 1, 1953, that I last saw the deceased alive on Nov 1, 1953, and that death occurred at 3 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas K. Newberry M.D.</u>	23b. ADDRESS <u>Tracy Mo</u>	23c. DATE SIGNED <u>11/5/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem</u>	24d. LOCATION (City, town, or county) (State) <u>RFD - Winfield, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-7-1953</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hubert - Elsberry, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 15 1953

JAN 11 1954

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.....

working under my personal supervision.

Student Embalmer No.

Signed

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4012

P. O. Address Esberry, 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.