

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **497**
Registrar's No. **8**

FILED FEB 8 1954 REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **4978**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Delta Mo.		c. CITY OR TOWN Delta Mo.	d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. LENGTH OF STAY (in this place) 77 yr		e. STREET ADDRESS (If rural, give location) City 0160	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Family Home			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) C c. (Last) Birkman			4. DATE OF DEATH (Month) (Day) (Year) Jan 25 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 20 1876
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Illinois
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY none	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Herman Birkman		13b. MOTHER'S MAIDEN NAME Louise Osterhog	14. NAME OF HUSBAND OR WIFE Ida Birkman Delta Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Ida Birkman ADDRESS Delta 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis DUE TO (b) apoplexy DUE TO (c) arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 334X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) no injury	
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 July 25, 1946 to Jan 25, 1954; that I last saw the deceased alive on Jan 23, 1954 and that death occurred at 4011 m., from the causes and on the date stated above.			
23a. SIGNATURE John W. Finney M.D. of Appleton Mo.		23b. ADDRESS Appleton Mo.	
23c. DATE SIGNED Jan 29			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 27 1954	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.	
DATE REC'D BY LOCAL REG. Feb 4-54		REGISTRAR'S SIGNATURE D. S. Stribito	
25. FUNERAL DIRECTOR'S SIGNATURE Joe A. Howell		ADDRESS Cape Gir	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 W. H. Estes, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. H. Estes

Licensed Embalmer No. 356

P. O. Address Osage Co

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.