No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38235

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 404

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

1. PLACE OF DEATH
a. COUNTY PETTIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SEDALIA
c. LENGTH OF STAY (in this place) 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1003 E. 5th STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY PETTIS
c. CITY OR TOWN SEDALIA
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 1003 EAST 5TH STREET 0804

3. NAME OF DECEASED (Type or Print)
a. (First) MINNIE b. (Middle) WAYNE c. (Last) BIRCH

4. DATE OF DEATH (Month) Nov (Day) 19 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH FEBRUARY 2, 1879
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (City and State or Foreign Country) MORGAN-COUNTY-MO
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME L.E. BARDWELL
13b. MOTHER'S MAIDEN NAME HENRIETTA-ALLISON
14. NAME OF HUSBAND OR WIFE W.H. BIRCH (DEAD)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS EARL BIRCH-SEDALIA-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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 8 days

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
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1953, *to* Nov 19, 1954, *that I last saw the deceased alive on* 19 Nov, 1954, *and that death occurred at* 1:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald C. Proctor (Degree or title) M.D.
23b. ADDRESS Sedalia, Mo.
23c. DATE SIGNED 19 Nov 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE NOV. 21, 1954
24c. NAME OF CEMETERY OR CREMATORY SYRACUSE
24d. LOCATION (City, town, or county) (State) SYRACUSE-MO

DATE REC'D BY LOCAL REG. 11-20-54
REGISTRAR'S SIGNATURE Lavina Coontz Deputy 251-1
25. FUNERAL DIRECTOR'S SIGNATURE Jewelle-E. Richards ADDRESS Tipton Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jewell E Richar

Licensed Embalmer No. 246

P. O. Address Jupiter

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.