

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31754**

FILED SEP 17 1956

BIRTH NO.		REG. DIST. NO. 294	PRIMARY REG. DIST. NO. 3056	Registrar's No. 233
1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Macon	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		e. STREET ADDRESS (If rural, give location) 310 Bourke		
3. NAME OF DECEASED (Type or Print) a. (First) Birdie b. (Middle) Irene c. (Last) Needham		4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1956		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2/7/1880	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 6 Days 16 IF UNDER 4 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housekeeper		11. BIRTHPLACE (City and State or Foreign Country) Memphis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James T. Ludwick		
13b. MOTHER'S MAIDEN NAME Mary Conner		14. NAME OF HUSBAND OR WIFE R. E. Needham		
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 Mr. R. E. Needham, Macon, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Intertrochanteric fracture Left femur 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: Auricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH 7 days unknown
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accid.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 2) (STATE) Macon, Macon Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 18 1956 3P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall
22. I hereby certify that I attended the deceased from Aug 22, 1956 , to Aug 23, 1956 , that I last saw the deceased alive on Aug 22, 1956 and that death occurred at 12 m. , from the causes and on the date stated above.				
23a. SIGNATURE Howard E. Eaves (Degree or title)			23b. ADDRESS Moberly, Mo.	
23c. DATE SIGNED Aug 23 1956				
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Aug. 25, 1956		24c. NAME OF CEMETERY OR CREMATORY Memphis Cemetery
24d. LOCATION (City, town, or county) (State) Memphis Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Robert Bran ADDRESS Macon, Mo.		
DATE REC'D BY LOCAL REG. 8-25-56		REGISTRAR'S SIGNATURE Recherbrowe		

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

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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.....
R. Lester Brown

Licensed Embalmer No. *447*

P. O. Address *Macon, Ga.*

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.