

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3349**

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY OR TOWN Sikeston	
d. FULL NAME OF HOSPITAL OR INSTITUTION 205 N. PRAIRIE		e. STREET ADDRESS (If rural, give location) 205 N. PRAIRIE 10030	

3. NAME OF DECEASED (Type or Print) CHRISTOPHER COLUMBUS BIRKIGHT			4. DATE OF DEATH 1-20-1957		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH MAY-29-1865	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 7 Days 21	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET	10b. KIND OF BUSINESS OR INDUSTRY R.R. AGENT	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME D.K.	13b. MOTHER'S MAIDEN NAME D.K.	14. NAME OF HUSBAND OR WIFE Augusta
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Phyllis Griffith Sikeston Mo	ADDRESS Sikeston Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death in fire at home		INTERVAL BETWEEN ONSET AND DEATH 5-7 min
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) Sikeston (COUNTY) Scott (STATE) Mo.
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21d. TIME OF INJURY 1-20-57, 8:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Room burned - Unknown cause
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22. I hereby certify that I attended the deceased from **first call**, 19 **after death**, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thelma C. Buck-Thorpe, M.D. Health Officer.	23b. ADDRESS Benton Mo	23c. DATE SIGNED 1-23-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-27-57	24c. NAME OF CEMETERY OR CREMATORY Mt VERNON	24d. LOCATION (City, town, or county) (State) FORREST CITY ARK.
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DATE REC'D BY LOCAL REG. 1-23-57	REGISTRAR'S SIGNATURE Max Ella Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Welch Funeral Home, Sikeston, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4292

DATE RECEIVED JAN 28 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 157-18

1957 FEB 2 1957 MAR 5 1957

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 Raymond Lewis

Licensed Embalmer No. 346

P. O. Address Sikeston

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.