

Health, Welfare and Public Service
 300-56
 Cause of death: No symptoms were noticed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

25014

STATE FILE NUMBER

FILED JUL 16 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 326

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Joplin, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Webb City, Mo. 49 th		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.			Length of stay in 1b 8 days		d. STREET ADDRESS 928 W. 1st St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ora Middle Earl Last Birkhead				4. DATE OF DEATH Month June Day 28, Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 22, 1890		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Webb City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Nathon Birkhead				14. MOTHER'S MAIDEN NAME Katie Talcott			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. 507-09-6127		17. INFORMANT Address Mrs. Blanche Birkhead Webb City			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Embolism, pulmonary DUE TO (c) Circulatory disturbances						INTERVAL BETWEEN ONSET AND DEATH Terminal 3 or 4 days - several months.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from June 19-1957 to June 28-1957 and last saw him alive on June 27-1957 Death occurred at 9:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Mabelle A. Calloway, M.D.				22b. ADDRESS Webb City, Mo.		22c. DATE SIGNED 7-2-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/30/57	23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery		23d. LOCATION (City, town, or county) (State) Webb City, Mo.		
24. FUNERAL DIRECTOR ADDRESS Johnston-Larncce-Simpson Mortuary Webb City				25. DATE RECD. BY LOCAL REG. 7-9-1957		26. REGISTRAR'S SIGNATURE Dove Merriam	

Consented Embalmer's Statement on Reverse Side

HELLING
Jasper County Health
County File Number 57-7598
Date Filed 1-5-1957

AUG 24 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 *Clayton M. Johnson*

Licensed Embalmer No. 43
P. O. Address *Webb City*

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