

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017171
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 379 Primary Registration District No. 4552 Registrar's No. _____

S. 300

1-57

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43

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hauell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mansfield</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>West Plains 0461</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Railroad Ave</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route Highway 60</u> Length of stay in lb <u>min</u>		3. NAME OF DECEASED (Type or print) First Middle Last <u>William Austin Birdsong</u>	
4. SEX <u>M</u>	5. COLOR OR RACE <u>W</u>	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH <u>6-14-1896</u>
8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Light Repairman</u>		9. AGE (In years last birthday) <u>61</u>	10. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10b. KIND OF BUSINESS OR INDUSTRY <u>Part Co. Mo!</u>		11. BIRTHPLACE (City and state or country) <u>USA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Thomas Birdsong</u>	
14. MOTHER'S MAIDEN NAME <u>Arnie Gibson</u>		15. NAME OF HUSBAND OR WIFE <u>Grace Birdsong</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W.W. I</u>		17. SOCIAL SECURITY NO. <u>Grace Birdsong</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Chest Due to automobile wreck</u>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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"/>		20a. ACCIDENT <input checked="" 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.) <u>Highway accident involving Pick up truck & automobile.</u>		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 checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on Highway</u>	
20f. CITY, TOWN, OR LOCATION <u>West Plains</u>		COUNTY <u>Hauell</u> STATE <u>Mo</u>	
21. I viewed the deceased <u>viewed</u> on <u>4-19-1958</u> , to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Frank Noble coroner State of Mo</u>	
22b. ADDRESS <u>West Plains, Mo</u>		22c. DATE SIGNED <u>4-27-58</u>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>None</u>	23b. DATE <u>4-19-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	23d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>
24. FUNERAL DIRECTOR <u>Roberts, West Plains Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5/9/58</u>	
26. REGISTRAR'S SIGNATURE <u>Frank Robbins</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

AUG 1 1958

MAY 13 1958

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 *A. L. Roberts*

Licensed Embalmer No. *3432*
P. O. Address *West Plains*

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.