

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018980

FILED VS. JUN 13 1960

Registration District No. 119 Primary Registration District No. 9193 Registrar's No. 18

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hermann		Length of stay in 1b Lifetime		c. CITY OR TOWN Hermann, Mo.		Inside Limits Yes ☒ No ☐		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 220 E. 2nd. St.			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) 220 E. 2nd. St.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Josepha Middle E. Last Birk				4. DATE OF DEATH Month June Day 1 Year 1960				
5. SEX Female	6. COLOR OR RACE Cau.	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 6-26-1909	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Hermann, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Henry Speckhals			13b. MOTHER'S MAIDEN NAME Rosalie Kopp		14. NAME OF HUSBAND OR WIFE Victor Birk			
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. 488-38-4986		17. INFORMANT Address Victor Birk--Hermann, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden death probably due to cardiac arrhythmia						INTERVAL BETWEEN ONSET AND DEATH None		
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) Hypertension						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown		
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 10-11-54 to 6-1-60 and last saw her alive on 5-13-60				Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Carol T. Shaw, M.D.				22b. ADDRESS Hermann, Mo.		22c. DATE SIGNED 6-1-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-5-1960		23c. NAME OF CEMETERY OR CREMATORY St. George Cemetery		23d. LOCATION (City, town, or county) (State) Hermann, Missouri		
24. FUNERAL DIRECTOR Hugo H. Blumer				25. DATE RECD. BY LOCAL REG. 6-3-60		26. REGISTRAR'S SIGNATURE Delma Uffelman		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Roger W. Shumer

Licensed Embalmer No. 5055

P. O. Address

Herman

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