

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014523

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 36

STATE FILE NUMBER

TE
JB

AMENDED

FILED MAY 8 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH 1961				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Moniteau				a. STATE Missouri b. COUNTY Moniteau				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California, Mo Walker		Length of stay in 1b 2 Days		c. CITY OR TOWN Clarksburg, Mo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Latham Hospital				d. STREET ADDRESS (If outside, give location) Gen Del		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Barcie Naomi Birdsong				4. DATE OF DEATH Month Day Year April 20 1961				
5. SEX Female		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 4/5/93		
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days 0 15		IF UNDER 24 HR Hours Min. 0 15				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Russeville, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry VanSandt			13b. MOTHER'S MAIDEN NAME Kinnie Smith			14. NAME OF HUSBAND OR WIFE W. L. Birdsong		
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 W. L. Birdsong Clarksburg 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) Metastatic Carcinoma Primary lesion DUE TO (b) evidently - ovary. DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 1 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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 a.m. p.m. Month, Day, Year		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 California, Moniteau Mo		
21. I attended the deceased from 10-28-60 to 4-20-61 and last saw her ^{her} alive on 4-20-61 Death occurred at 8/15 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree, or title) RS Fulke MD				22b. ADDRESS California Mo		22c. DATE SIGNED 4-21-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/23/61		23c. NAME OF CEMETERY OR CREMATORY Masonic Clarksburg, Mo		23d. LOCATION (City, town, or county) (State) Clarksburg, Mo		
24. FUNERAL DIRECTOR Bowlin Funeral Home, -California, Mo				25. DATE RECD. BY LOCAL REG. 4/29/61		26. REGISTRAR'S SIGNATURE Helen L. Papejoy		

VS MAY 9 1961

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 John Bowlin, Student Embalmer No. 614
working under my personal supervision.

Student

John R. Bowlin
Signature of Student Embalmer

Signed

Earl Bowlin

Licensed Embalmer No.

2124

P. O. Address

California, Ill

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.