

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-040614

STATE FILE NUMBER

AMENDED

Registration District No. 116 Primary Registration District No. 4187 Registrar's No. 269

FILED DEC 4 1961

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION		Length of stay in 1b	c. CITY OR TOWN UNION
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 603 N. WASHINGTON
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last DENNIS MICHEAL BIRMINGHAM			4. DATE OF DEATH Month Day Year NOVEMBER 23 1961			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH JAN. 22, 1989	9. AGE (last birthday) 72	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 10 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) VIENNA, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WALTER BIRMINGHAM		13b. MOTHER'S MAIDEN NAME MARGARET FENNESSEY		14. NAME OF HUSBAND OR WIFE NONE		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT WILLARD BIRMINGHAM 3817 LADA ST. LIGON	
16. NONE		Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
IMMEDIATE CAUSE (a) Stroke of Aneurysm			
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) Fracture of left hip 6-16-60			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)
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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 UNION	STATE MISSOURI
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21. I attended the deceased from 6-16-60 to 11-23-61 and last saw ^{her} him alive on 11-20-61	
Death occurred at 9:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE H. M. Senn	(Degree or title)	22b. ADDRESS Union Mo	22c. DATE SIGNED 11-24-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/25/61	23c. NAME OF CEMETERY OR CREMATORY T. C. CEMETERY	23d. LOCATION (City, town, or county) UNION MISSOURI
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24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME UNION, MO.	25. DATE RECD. BY LOCAL REG. 11/25/61	26. REGISTRAR'S SIGNATURE Lola C. Hulsmann
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

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.