

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-042199

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 108

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany, Missouri		c. CITY OR TOWN Albany, Missouri	
Length of stay in 1b 4 days		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) Gentry County Memorial		d. STREET ADDRESS (If outside, give location) —	
3. NAME OF DECEASED (Type or print) First Verna Middle Ray Last Birbeck		4. DATE OF DEATH Month November Day 14 Year 1962	
5. SEX male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 5-8-1896
9. AGE (last birthday) 66		IF UNDER 1 YEAR Months 6 Days 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Gentry County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joe Birbeck		13b. MOTHER'S MAIDEN NAME Sarah Mae Doughton	
14. NAME OF HUSBAND OR WIFE Mary E. Birbeck		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. 498-40-5997		17. INFORMANT Mrs. Mary E. Birbeck	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEPTICEMIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) urinary tract infection DUE TO (c) —		INTERVAL BETWEEN ONSET AND DEATH 1 week unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PARKINSONISM		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 Month, Day, Year Hour a.m. p.m.	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 Albany Mo.		
21. I attended the deceased from Nov 12, 1962 to Nov 14, 1962 and last saw him alive on Nov 14, 1962 Death occurred at 9:10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Dennie Parsons M.D. (Degree or title)	
22b. ADDRESS Albany Mo.		22c. DATE SIGNED 11/20/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1962	23c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery	23d. LOCATION (City, town, or county) Stanberry Missouri
24. FUNERAL DIRECTOR Johnson Funeral Home, Stanberry, Mo.		25. DATE RECD. BY LOCAL REG. 11-20-62	
26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare			

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1962

11-20-62

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 CHARLES DEAN ALLEE, Student Embalmer No. 671
working under my personal supervision.

Student Charles Dean Allee
Signature of Student Embalmer

Signed Ross E. Johnson

Licensed Embalmer No. 4948

P. O. Address Stanberry, 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.