

No. 300 FILED MAR 17 1952

10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7888

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>5380</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>DeKalb</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksdale, RURAL, Wash,</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksdale RURAL? Wash, twp.</u>		0320	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, 3 mile west of town</u>				d. STREET ADDRESS (If rural, give location) <u>3 Miles east of town</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Layfette</u> c. (Last) <u>Birt</u>			4. DATE OF DEATH (Month) <u>3</u> (Day) <u>10</u> (Year) <u>52</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>February, 25, 1863</u>	
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Easton Mo</u>	
11. BIRTHPLACE (State or foreign country) <u>Easton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13a. FATHER'S NAME <u>Ezra Birt</u>			13b. MOTHER'S MAIDEN NAME <u>Kathryn Marker</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Birt</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence Birt Clarksdale Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Benign Hypertrophy of the Second</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>610 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-3</u> , 19 <u>52</u> , to <u>3-10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-10</u> , 19 <u>52</u> , and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James H. Sweigert M.D.</u> (Degree or title)				23b. ADDRESS <u>Wayville, Mo</u>		23c. DATE SIGNED <u>3-14-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksdale Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-12-52</u>		REGISTRAR'S SIGNATURE <u>Rescoe Vandover</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Brown</u>		ADDRESS <u>Wayville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

A 69612 NYC  
JAN 7 1959

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....  
*John Brown*

Licensed Embalmer No. **3933**

P. O. Address **Maysville 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 this body is not embalmed, fact should be so stated above.