

FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18269

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>6088</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miami township</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Hodge</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>6 miles north Marshall</u>				d. STREET ADDRESS (If rural, give location) <u>1 mile north Hodge</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora Bell</u> b. (Middle) <u>Wyatt</u> c. (Last) <u>Bird</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22, 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 21, 1875.</u>		9. AGE (In years) (By birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ozark County, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Wyatt</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Ventran</u>		14. NAME OF HUSBAND OR WIFE <u>Alonzo Bird</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alonzo Bird, Hodge, Mo.</u>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Diabetes Mellitus</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>15 yrs</u> <u>334X</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 21, 1949</u> , to <u>April 22, 1949</u> ; that I last saw the deceased alive on <u>April 21, 1949</u> , and that death occurred at <u>3:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard T. Tuckles M.D.</u>				23b. ADDRESS <u>Marshall, Mo</u>		23c. DATE SIGNED <u>April 23, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 24, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kings Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Gerster, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-25-'49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>CAMPBELL-LEWIS</u>		ADDRESS <u>MARSHALL-MO.</u>	

REPORT ID

District Health Control No. 31

District File Number.....

Date Filed 5-20-49

MAY 21 1949

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.

Signed R.W. Campbell, Jr.

Signed.....  
Student Embalmer

Licensed Embalmer No. 3468

P. O. Address Marshall, N.C.

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.