

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4482

State File No. ....

10.48

396

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dayton</u>	
c. LENGTH OF STAY (in this place) <u>5 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>2426 Bushnell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u>		b. (Middle) <u>White Eagle</u>	
c. (Last) <u>Bird</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11 1950</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>November 24, 1894</u>
9. AGE (In years last birthday) <u>55</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Truck Driver</u>	11. BIRTHPLACE (State or foreign country) <u>Roosevelt, Oklahoma</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Viola Bird</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O'Reilly VA Hospital, records, Springfield, 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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			
ANTECEDENT CAUSES DUE TO (b) <u>Recurrent myocardial infarctions</u>			
DUE TO (c) <u>coronary sclerosis, advanced.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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>Feb 10</u> , 19 <u>50</u> , to <u>Feb 11</u> , 19 <u>50</u> , and that death occurred at <u>4:00 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. J. Bondurant</u> ACTING CHIEF <u>M. J. Bondurant M.D.</u> PROFESSIONAL SERVICES		23b. ADDRESS <u>O'REILLY VA HOSPITAL SPRINGFIELD, MISSOURI</u>	
23c. DATE SIGNED <u>2-11-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Burial 2-19-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>National</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-15-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley M.D.</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Gorman-Achard - Appl. Mo.</u>		ADDRESS <u>Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 3 1950

**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 Gene C. Hunter

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4739

P. O. Address Springfield, 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.