

FILED MAY 22 1950

STANDARD CERTIFICATE OF DEATH

16419

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 473

1. PLACE OF DEATH

a. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield.

c. LENGTH OF STAY (in this place) 40 years

d. FULL NAME OF HOSPITAL OR INSTITUTION 827 S. Patton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Greene

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, - 0300

d. STREET ADDRESS (If rural, give location) 827 S. Patton

3. NAME OF DECEASED

a. (First) Corinne b. (Middle) C. c. (Last) Bird

4. DATE OF DEATH (Month) (Day) (Year) May 17, 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 1, 1882

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 68 1 16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaning & Pressing

10b. KIND OF BUSINESS OR INDUSTRY Cleaning

11. BIRTHPLACE (State or foreign country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robertson

13b. MOTHER'S MAIDEN NAME Frances Keatly

14. NAME OF HUSBAND OR WIFE Garland Bird

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. Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Olga Humphreys Springfield, Mo

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis MO. INTERVAL BETWEEN ONSET AND DEATH Several years

ANTECEDENT CAUSES
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) Malignant tumor R Lung than 1 year

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 NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1200 years, to May 17, 1950, that I last saw the deceased alive on May 12, 1950, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) J.M. King D.D.

23b. ADDRESS Springfield Mo

23c. DATE SIGNED 5-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 20, 1950

24c. NAME OF CEMETERY OR CREMATORY Hazelwood

24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. 5-20-50

REGISTRAR'S SIGNATURE W.E. Vandrey

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berman - Schaefer Funeral Home Springfield, Mo.

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

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
Student Embalmer

Signed

L. Andrew Gorman

Licensed Embalmer No. *3177*

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.