

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12023**

FILED APR 21 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 391

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph <u>0117</u>	
c. LENGTH OF STAY (In this place) 50 years		d. STREET ADDRESS (If rural, give location) 2215 N. 22nd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2215 N. 22nd Street			

3. NAME OF DECEASED (Type or Print) a. (First) Earley	b. (Middle) Douglas	c. (Last) Bird	4. DATE OF DEATH (Month) (Day) (Year) April 4, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 13, 1889	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Real Estate & General Ins. Agency.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Andrew County, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Martin L. Bird	13b. MOTHER'S MAIDEN NAME Alice O. Hutchison	14. NAME OF HUSBAND OR WIFE Adeline M. Bird
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 491-09-0167	17. INFORMANT'S SIGNATURE OR NAME Mrs. Adeline M. Bird	ADDRESS St. Joseph, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		None	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 9, 1952, to April 4, 1952, that I last saw the deceased alive on April 2, 1952, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE T. L. Howden M.D.	(Degree or title)	23b. ADDRESS 620 Francis Street, St. Joseph	23c. DATE SIGNED 4/7/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 7, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. April 15, 1952	REGISTRAR'S SIGNATURE Carl C. Casey	25. FUNERAL DIRECTOR'S SIGNATURE Walter Muehler	ADDRESS St. Joseph, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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 *****

working under my personal supervision.

Student Embalmer No. **** **

Signed.....
Student Embalmer

*** *****

Signed

Raymond W. Morehea
Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.