

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38432

State File No. ....

FILED NOV 24 1952

BIRTH NO. .... REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 45

0422

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

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Henry</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Clinton</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Clinton</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Clinton General Hospital</u>             |  | d. STREET ADDRESS (If rural, give location)<br><u>Clinton MO</u>   |  |

|  |  |  |  |
|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) <u>Lora Beatrice Bird</u> |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Nov. 19 1952</u>          |  |
| 5. SEX <u>Female</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> |  |

|   |  |   |  |
|---|--|---|--|
| 6. COLOR OR RACE <u>White</u>             |  | 8. DATE OF BIRTH<br><u>March 12th 1893</u>  |  |
| 9. AGE (In years last birthday) <u>59</u> |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Boiler Fireman</u> |  |

|  |  |   |  |
|--|--|---|--|
| 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Sewer Pipe Factory</u> |  | 11. BIRTHPLACE (State or foreign country)<br><u>Sparta Missouri</u> |  |
| 13a. FATHER'S NAME<br><u>John Riley Bird</u>                   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Hanna Johnson</u>                   |  |

|  |  |   |  |
|--|--|---|--|
| 14. NAME OF HUSBAND OR WIFE<br><u>Annie Bird</u> |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |  |
| 16. SOCIAL SECURITY NO.<br><u>495-01-7052</u>    |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs Raymond Quick</u>   |  |

|  |  |                        |  |
|--|--|------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><u>Acute nephritis &amp; subpericardium</u> |  | 19a. DATE OF OPERATION |  |
|--|--|------------------------|--|

|   |  |  |  |
|---|--|--|--|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>13 days</u> |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS:<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Hypertension</u> |  | 3 yr   |  |

|                                  |  |  |  |
|----------------------------------|--|--|--|
| 19b. MAJOR FINDINGS OF OPERATION |  | 20. AUTOPSY?<br>YES <input 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 11-6, 1952, to 11-19, 1952, that I last saw the deceased alive on 11-19, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

|  |  |                                   |  |
|--|--|-----------------------------------|--|
| 23a. SIGNATURE<br><u>G. S. Walker M.D.</u> |  | 23b. ADDRESS<br><u>Clinton Mo</u> |  |
| 23c. DATE SIGNED<br><u>11-19-52</u>        |  |                                   |  |

|  |  |   |  |
|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>Nov. 22, 52</u>                                   |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><u>Sparta Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>Sparta Mo</u> |  |

|   |  |  |  |
|---|--|--|--|
| DATE REC'D BY LOCAL REG.<br><u>Nov-27-52</u>        |  | REGISTRAR'S SIGNATURE<br><u>Florence Odair</u> |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Tom Hunt</u> |  | ADDRESS<br><u>Deerwater Mo</u>                 |  |

MAR 30 1953

**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 Tom Hunt

Licensed Embalmer No. 2782

P. O. Address Peopwater 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.