Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. Burns

FILED MAY 1 - 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 12989

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1785

**1. PLACE OF DEATH**
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1 — Length of stay in 1b 27 yrs.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 2621 Holmes (If outside, give location) — Reside on Farm Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First George — Middle G. — Last Bird

**4. DATE OF DEATH** Month 4 Day 15 Year 1957

**5. SEX** Male

**6. COLOR OR RACE** white

**7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH** July 28, 1886

**9. AGE** (In years last birthday) 70 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Retired Mechanic

**10b. KIND OF BUSINESS OR INDUSTRY** Auto Mechanic

**11. BIRTHPLACE** (City and state or country) Long Island, New York

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME** Samuel Bird

**14. MOTHER'S MAIDEN NAME** Unknown

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) W. YES #1 (If yes, give war or dates of service) W. W. #1

**16. SOCIAL SECURITY NO.** 498-03-4488

**17. INFORMANT** Address Mrs. Donna Bird-2621 Holmes, K.C.Mo.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchogenic carcinoma with metastases to liver and adrenals
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
16 wk

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Bronchopneumonia with multiple abcesses

**19. WAS AUTOPSY PERFORMED?** YES ☒ NO ☐

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from April 6,1957 to April 15,1957 and last saw him alive on April 15,1957. Death occurred at 5:25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) B. I. Burns, M.D.

**22b. ADDRESS** 24th & Cherry

**22c. DATE SIGNED** 4-15-57

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Burial

**23b. DATE** 4/17/57

**23c. NAME OF CEMETERY OR CREMATORY** Forest Hill Cemetery

**23d. LOCATION** (City, town, or county) (State) Kansas City, Missouri

**24. FUNERAL DIRECTOR** ADDRESS QUIRK & TOBIN-20 W. Linwood, K.C.Mo.

**25. DATE RECD. BY LOCAL REG.** 4-17-57

**26. REGISTRAR'S SIGNATURE** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

KP 2

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed William M. Turn

Licensed Embalmer No. 46

P. O. Address 20 W. Longview
Kansas City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.