

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024961
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Jefferson City TOWN		c. CITY OR TOWN Madison <u>0690</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary's Hospital		Length of stay in 1b 3 weeks	
d. STREET ADDRESS XXXXX		(If outside, give location) XXXXX	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Grace Middle Elizabeth Last Bird			4. DATE OF DEATH Month Aug. Day 8 Year 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 26 - 1904		9. AGE (In years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY home-making		11. BIRTHPLACE (City and state or country) Monroe County Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Marshall King		13b. MOTHER'S MAIDEN NAME Essie Blackaby	
14. NAME OF HUSBAND OR WIFE William 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. 492-24-3643	
17. INFORMANT Mrs Ernest Bird		Address Madison, Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Breast	
INTERVAL BETWEEN ONSET AND DEATH 14 mo		DUE TO (b) _____		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 170X		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	

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COUNTY		STATE	

21. I attended the deceased from 9-16-57 to 8-8-58 and last saw her ^{him} alive on 8/8/58	
Death occurred at 1:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Grace Elizabeth Bird (Degree or title)	22b. ADDRESS Jefferson city, Mo
22c. DATE SIGNED 8/8/58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10 August 1958	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	23d. LOCATION (City, town, or county) (State) Madison, Missouri
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24. FUNERAL DIRECTOR Fred A Thompson Madison Mo	25. DATE RECD. BY LOCAL REG. 8 August 1958	26. REGISTRAR'S SIGNATURE R. P. Davis, M.D. - M.R.
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Health, & Welfare
Public Health Service
264
S. 300
1-57
All diseases in Part I must be causally related.
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Disease, color, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

AUG 15 1958

VS JUN 29 1960

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
Signature of Student Embalmer

Signed *David A. Thompson*

Licensed Embalmer No. 1420

P. O. Address *Michigan*

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

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