

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5853

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Polk Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural - Polk Twp.	
c. LENGTH OF STAY (in this place) 13 yrs		d. STREET ADDRESS (If rural, give location) 3 miles west of Maryville	
d. FULL NAME OF HOSPITAL OR INSTITUTION County Infirmary			

3. NAME OF DECEASED a. (First) MARY b. (Middle) _____ c. (Last) BIRD			4. DATE OF DEATH (Month) (Day) (Year) 1 31 49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5/8/65	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Guthery, Illinois /		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Albert Burnett	13b. MOTHER'S MAIDEN NAME Lucy M. Rice	14. NAME OF HUSBAND OR WIFE unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. Bert Oliphant, Maryville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Block		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old age		
	DUE TO (c) _____		
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 <input type="checkbox"/> NO <input checked="" 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 **Jan 17, 1942**, to **Jan. 31, 1949**, that I last saw the deceased alive on **Jan 23 1949**, and that death occurred at **4 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. B. Braggins M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 1-2-49
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 2/2/49	24c. NAME OF CEMETERY OR CREMATORY Kirksville, Missouri

DATE REC'D BY LOCAL REG. 2-5-49	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE Clum m. Prie	ADDRESS Maryville, Mo.
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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 Alan M. Price.....

Licensed Embalmer No. 1822.....

P. O. Address Mayville, 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.