No. 300
10.48

FILED APR 5 1949

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

State File No. 7365

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5166 Registrar's No. 18

**1. PLACE OF DEATH**
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twp. Cole
c. LENGTH OF STAY (In this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 25 miles so. of Cole Camp

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cole Twp.
d. STREET ADDRESS (If rural, give location): 25 miles So. of Cole Camp

**3. NAME OF DECEASED** (Type or Print)
a. (First): Laura
b. (Middle): Ellen
c. (Last): Bird

**4. DATE OF DEATH** (Month) (Day) (Year): March 30 1949

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Dec. 21, 1868
**9. AGE** (In years last birthday): 80 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House wife
**10b. KIND OF BUSINESS OR INDUSTRY**: none
**11. BIRTHPLACE** (State or foreign country): unknown
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: George Shanks
**13b. MOTHER'S MAIDEN NAME**: Sara West
**14. NAME OF HUSBAND OR WIFE**: Thomas Bird

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME** / **ADDRESS**: Fred Bird, Lincoln, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION** — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — 30 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Rheumatic Fever ? — ?
DUE TO (c) 4222

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility - Dropsy — 1 yr

**19a. DATE OF OPERATION**: ✓
**19b. MAJOR FINDINGS OF OPERATION**: ✓
**20. AUTOPSY?** YES ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: ✓

22. *I hereby certify that I attended the deceased from* Oct, 1948, *to* 3-30, 1949 *that I last saw the deceased alive on* 3-30, 1949, *and that death occurred at* 4:25 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): L. A. Marty, M.D.
**23b. ADDRESS**: Lakeview Heights
**23c. DATE SIGNED**: 3-31-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: April 2 1949
**24c. NAME OF CEMETERY OR CREMATORY**: Yeager Cem.
**24d. LOCATION** (City, town, or county) (State): Benton County Mo.

**DATE REC'D BY LOCAL REG.**: 4-1-1949
**REGISTRAR'S SIGNATURE**: E. L. Eickhoff 394
**25. FUNERAL DIRECTOR'S SIGNATURE** / **ADDRESS**: K. R. Stevinson Stover Mo.

(License Embalmer's Statement on Reverse Side)

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

APR 27 1949

RECEIVED
District Health Officer No. 7
District File Number 3-49-315
Date Filed 4-4-49

## 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 J. L. Stevenson

Licensed Embalmer No. 4093

P. O. Address Stover Me

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

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