

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24464

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 242

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>ST. FRANCIS</b>	
b. CITY OR TOWN <b>BONNE TERRE</b>	c. LENGTH OF STAY (in this place) <b>10 MIN.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CANTWELL</b> 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BONNE TERRE HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Louis</b>	b. (Middle) <b>BENJAMIN</b>	c. (Last) <b>BIRD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 11 1950</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB 17 1880</b>	9. AGE (In years last birthday) <b>70</b>	10 UNDER 1 YEAR <b>4</b> MONTHS <b>24</b> DAYS	10 OVER 1 YEAR <b>0</b> HOURS <b>0</b> MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SELF</b>	11. BIRTHPLACE (State or foreign country) <b>OSARK COUNTY MO.</b>	12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>JAKE BIRD</b>	13b. MOTHER'S MAIDEN NAME <b>DONT KNOW</b>	14. NAME OF HUSBAND OR WIFE <b>ANNIE BIRD</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Annie Bird</b>	ADDRESS <b>Cantwell Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>apoplexy (Hemorrhage into basal ganglia due to ruptured blood vessel)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hours</b> <b>1 hour</b> <b>3 1/2 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterial sclerosis</b>		
	DUE TO (c) <b>arterial hypertension</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>L</b>	19b. MAJOR FINDINGS OF OPERATION <b>L</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>L</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? <b>L</b>
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22. I hereby certify that I attended the deceased from **6-19**, 1950, to **7-11**, 1950, that I last saw the deceased alive on **7-11**, 1950, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul L. Jones M.D. C.</b>	23b. ADDRESS <b>12 Wood Drive Flat River Mo</b>	23c. DATE SIGNED <b>7-13-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>July 13-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Francis Mem. A. S. Henry St. DeSloge</b>	24d. LOCATION (City, town, or county) (State) <b>Mo</b>
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DATE REC'D BY LOCAL REG. <b>July 14 1950</b>	REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. F. Boyer</b>	ADDRESS <b>Box 1000 Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1941

RECEIVED JUL 14 1950  
District Health Officer No. 9,  
District File Number.....

APR 15 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed P. T. Boyer

Signed.....  
Student Embalmer

Licensed Embalmer No. 3660

P. O. Address Deerloge 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.