

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41094

State File No.

LED DEC 29 - 1951 - 57 BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5334 Registrar's No. 79

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

290

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>rural lockwood twp</u>	

3. NAME OF DECEASED (Type or Print) <u>Kate</u>	a. (First)	b. (Middle)	c. (Last) <u>Bird</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-9-51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-15-1866</u>	9. AGE (In years last birthday) <u>85</u>	# UNDER 24 HRS. <u>7</u>	# UNDER 24 MIN. <u>24</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>house wife</u>	11. BIRTHPLACE (State or foreign country) <u>Odell Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Parminter</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Omler Bird</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bernice Finley Lockwood Mo,</u>	ADDRESS
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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, ashenia, 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) <u>Chronic nephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> 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 <u>592X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 1, 1951, to Dec 7, 1951, that I last saw the deceased alive on Dec 7, 1951, and that death occurred at 12:27 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Combs</u> (Degree or title)	23b. ADDRESS <u>Lockwood Mo</u>	23c. DATE SIGNED <u>12-10-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-11-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kings Point</u>	24d. LOCATION (City, town, or county) (State) <u>Dade Co Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-12-51</u>	REGISTRAR'S SIGNATURE <u>Leo E. West</u> 790	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Allison</u> ADDRESS <u>Greenfield Mo.</u>
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED
Dist. File DEC 17 1951
Date Filed 12-21-51
3143
12-18-51

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 W.P. Allison

Signed.....
Student Embalmer

Licensed Embalmer No 4494

P. O. Address Springfield

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.