

FILED APR 25 1955

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12744

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 129	
1. PLACE OF DEATH a. COUNTY <b>Nodaway</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> c. CITY OR TOWN <b>St. Joseph</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>				No. STREET ADDRESS (If rural, give location) <b>0119 / 1</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ERNEST</b>		b. (Middle) <b>RUCKER</b>		c. (Last) <b>BIRD</b>	
4. DATE OF DEATH		(Month) <b>4</b>		(Day) <b>18</b>		(Year) <b>55</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>1/3/74</b>	
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer-retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>El Paso Co., Colorado /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Martin L. Bird</b>		13b. MOTHER'S MAIDEN NAME <b>Alice O. Hutcheson</b>		14. NAME OF HUSBAND OR WIFE <b>Mayme Hardin Bird, dec.</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Martin Hardin Bird, Maryville, Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Leostatic Arteriosclerosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Atherosclerosis Valvular Heart Disease</i>				INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>  <b>3 yr</b>	
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) <b>177X</b>			
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? _____			
22. I hereby certify that I attended the deceased from <b>2-23</b> , 19 <b>55</b> , to <b>Apr. 18</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>4-18</b> , 19 <b>55</b> , and that death occurred at <b>10:20 Pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS <b>0 M. D. Maryville, Missouri</b>		23c. DATE SIGNED <b>4/19/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>4/20/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4-23-55</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>229</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Price Funeral Home, Maryville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed.....  
*John W. Price*

Licensed Embalmer No. *428*

P. O. Address *Maryville*

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.