

FILED JUN 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17387
State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 97

1. PLACE OF DEATH

a. COUNTY Saline

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall

c. LENGTH OF STAY (in this place) 4 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Saline

c. CITY OR TOWN Rural-Marshall Twp.

d. Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) 6 miles north of Marshall

3. NAME OF DECEASED

a. (First) Lorenzo b. (Middle) _____ c. (Last) Bird

4. DATE OF DEATH (Month) (Day) (Year) June 9, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 29, 1873 9. AGE (in years last birthday) 82 IF UNDER 1 YEAR Months 0 Days 10 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm tenant

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (City and State or Foreign Country) Saline County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lorenzo Bird 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ira Brooks Marshall, Mo. R#3

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arterial Sclerosis

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 E 4500

18. 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 June 21, 1955 to 6/9, 1955, that I last saw the deceased alive on June 8, 1955, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD 23b. ADDRESS [Address] 23c. DATE SIGNED 6/9/55

24a. BURIAL CREMATION, REMOVAL (Specify) Burial 24b. DATE June 11, 1955 24c. NAME OF CEMETERY OR CREMATORY Kings Prairie Cemetery 24d. LOCATION (City, town, or county) (State) St. Clair County, Mo.

DATE REC'D BY LOCAL REG. 6-9-55 REGISTRAR'S SIGNATURE Cecil J. Real 385-0 FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis ADDRESS Marshall, Mo

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

972
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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 *James H. Lewis Jr.*.....

Licensed Embalmer No. *4702*

P. O. Address *Marshall, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.