

FILED DEC 2 1955

STANDARD CERTIFICATE OF DEATH

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State File No. 9965

9965

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission): a. STATE Missouri b. COUNTY Cass					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Harrisonville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 502 S. Independence					
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Urless c. (Last) Bird			4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1955						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 20, 1897			
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Harrisonville, Mo.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Used Car Dealer				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles Bird			13b. MOTHER'S MAIDEN NAME Ellis Hudson			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. Nil.		17. INFORMANT'S SIGNATURE OR NAME H. H. Bird, Harrisonville, Mo. ADDRESS _____					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease				DUE TO (c) _____				4 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Obliterative Peripheral Arterial Disease, Bi-lateral Varicose Veins, Complete Heart blo					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Ventricular tachycardia				20. AUTOPSY: Block YES <input checked="" type="checkbox"/> NO <input 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) 420.0					
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? _____					
22. I hereby certify that I attended the deceased from Nov. 3, 1955 , to Nov. 14, 1955 , that I last saw the deceased alive on Nov. 14, 1955 , and that death occurred at 12:07 PM , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. Carl Smith M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 11/14/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-14-55		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Harrisonville, Mo.			
DATE REC'D BY LOCAL REG. NOV 15 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington,					

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

1957 9 18

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 *J Wm Binkley*

Licensed Embalmer No. *365*
P. O. Address *St. Louis*

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.