

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40091

State File No.

FILED JAN 9 1956

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4468 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville		c. CITY OR TOWN Maysville	
c. LENGTH OF STAY (in this place) Life		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Maple Lawn Rest Home (1Yr.)		e. STREET ADDRESS (If rural, give location) 022 E	

3. NAME OF DECEASED (Type or Print)	a. (First) NELLIE	b. (Middle) M.	c. (Last) BIRD	4. DATE OF DEATH (Month) (Day) (Year) Dec. 22 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 6 1871	9. AGE (in years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) DeKalb County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Barney Jones	13b. MOTHER'S MAIDEN NAME Cora Steele	14. NAME OF HUSBAND OR WIFE M.H. Bird
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Gertrude Boynton, Box 5044, Eastmont Sta.	ADDRESS Oakland, Calif.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis		INTERVAL BETWEEN ONSET AND DEATH 15 yrs
	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. 4214		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 April, 1945 to Dec. 22, 1955, that I last saw the deceased alive on Dec. 22, 1955, and that death occurred at 8:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE W. Harold Fowler M.D.	(Degree or title)	23b. ADDRESS Maysville Missouri	23c. DATE SIGNED 12/22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-26-1955	24c. NAME OF CEMETERY OR CREMATORY Fairport	24d. LOCATION (City, town, or county) (State) Missouri
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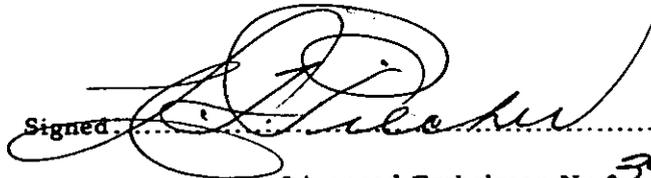
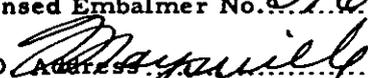
DATE REC'D BY LOCAL REG. 1-7-56	REGISTRAR'S SIGNATURE Roscoe Waverham 820	25. FUNERAL DIRECTOR'S SIGNATURE PILCHER FUNERAL HOME	ADDRESS MAYSVILLE MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 
Licensed Embalmer No. 396
P. O. Address 

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.