No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
C. W. Buckingham

FILED MAR 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8553
State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1039

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): ~~10 yrs.~~ 0 10 3
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City 5 8
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 3743 Monroe

3. NAME OF DECEASED (Type or Print)
a. (First): MARIE
b. (Middle):
c. (Last): BIRDSONG

4. DATE OF DEATH (Month) (Day) (Year): Mar. 4. 1957

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 17, 1922
9. AGE (In years last birthday): 34
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: William Arnold
13b. MOTHER'S MAIDEN NAME: Mary Long.
14. NAME OF HUSBAND OR WIFE: Robert Birdsong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 491-24-1709
17. INFORMANT'S SIGNATURE OR NAME: Robert Birdsong (husband)
ADDRESS: 3743 Monroe Kan. City, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 1947

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Post Operative Removal
DUE TO (c) Compression Pneumothorax Performed in — 1952

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Post Operative Shock. — 4 hrs.

19a. DATE OF OPERATION: 3/4/57
19b. MAJOR FINDINGS OF OPERATION: Empyema Pleurisy ~~Bronchial~~ Mediastinitis
20. 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) m.
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 1947 *to* 3/4/57, *that I last saw the deceased alive on* 3/4/57, *19*____, *and that death occurred at* 4:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert Kingsley Mills
(Degree or Title) D.O.
23b. ADDRESS: 3744 Broadway
23c. DATE SIGNED: 3/5/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 4, 1957
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): California, Missouri

DATE REC'D BY LOCAL REG.: 3-6-57
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Stine & McClure Und. Co. Kan. City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. W. Buckingham
Prop'f Bl'd'g. 314
2-30 P.m.

medicinitis
emphysema

MAR 26 1957

Ha 1-5985

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed ..... J. T. Crowell

Licensed Embalmer No. 490

P. O. Address ..... K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.