

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12069

State File No. ....

FILED MAY 13 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warsaw</u>		c. LENGTH OF STAY (in this place) <u>years</u>	c. CITY OR TOWN <u>Warsaw</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0080</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lemuel</u>	b. (Middle) <u>Morton</u>	c. (Last) <u>BIRD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 1957</u>
-------------------------------------	--------------------------	---------------------------	-----------------------	------------------------------------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 4, 1889</u>	9. AGE (In years last birthday) <u>68</u>	10. MONTHS <u>4</u>	11. YEAR <u>2</u>	12. HOURS <u>2</u>	13. MIN. <u>2</u>
--------------------	-------------------------------	-----------------------------------------------------------------------	-------------------------------------	-------------------------------------------	---------------------	-------------------	--------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County Court House Custodian</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cert Police Judge</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fairfield, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------

13a. FATHER'S NAME <u>William Arnold Bird</u>	13b. MOTHER'S MAIDEN NAME <u>Laura M. Ingram</u>	14. NAME OF HUSBAND OR WIFE <u>Oda P. Bird</u>
--------------------------------------------------	-----------------------------------------------------	---------------------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-10-9187</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oda P. Bird</u>	ADDRESS <u>Warsaw, Mo</u>
------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	---------------------------------------------------------	------------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		
	DUE TO (c) <u>Arteriosclerosis General</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		20. AUTOPSY? <u>2</u> 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) <u>Warsaw (Benton) Mo</u>
------------------------------------------	------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

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 May 1, 1957 to May 6, 1957, that I last saw the deceased alive on May 6, 1957, and that death occurred at 7:20 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James Logan M.D.</u>	23b. ADDRESS <u>Warsaw Mo</u>	23c. DATE SIGNED <u>May 6 1957</u>
-------------------------------------------------------------	----------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 8, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fairfield Benton Co, Mo</u>
------------------------------------------------------------	---------------------------------	-----------------------------------------------------------------	---------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>May 8-1957</u>	REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u>	ADDRESS <u>Warsaw</u>
-----------------------------------------------	-----------------------------------------------	----------------------------------------------------------	--------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

23

MAY 17 1957

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 F. Reser*

Licensed Embalmer No...*4090*

P. O. Address...*Wassaw*

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.