

Health, & Welfare Public Service

STANDARD CERTIFICATE OF DEATH

16944 STATE FILE NUMBER 2198

FILED MAY 29 1957

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 2198

S. 300 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

H. C. Trippe M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Benton</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Warsaw</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Research Hospital Burke</i>		Length of stay in <i>6 wks.</i>	d. STREET ADDRESS (If outside, give location) <i>Reside on Farm</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>James Harrison Bird</i>			4. DATE OF DEATH Month Day Year <i>May 10, 1957</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 4, 1889</i>
9. AGE (In years last birthday) <i>68</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>	11. BIRTHPLACE (City and state or country) <i>Bairfield, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>William A. Bird</i>	13b. MOTHER'S MAIDEN NAME <i>Laura Ingram</i>
14. NAME OF HUSBAND OR WIFE <i>Dora Bird</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>486-05-1599</i>
17. INFORMANT <i>Dora Bird</i>		Address <i>Warsaw Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma - Pancreas</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>...</i> DUE TO (c) <i>...</i>			<i>157 X</i>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Coronary Artery Insuff</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21: I attended the deceased from <i>Apr 10-57</i> and last saw her alive on <i>May 10-57</i> Death occurred at <i>7:52 pm</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>H. C. Trippe M.D.</i>		22b. ADDRESS <i>6247 Brookside Blvd</i>	22c. DATE SIGNED <i>5/11/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>5-12-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Bairfield cem</i>	23d. LOCATION (City, town, or county) (State) <i>Warsaw Mo</i>
24. FUNERAL DIRECTOR <i>Reser Mortuary, Warsaw Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>5-11-57</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>

Licensed Embalmer's Statement on Reverse Side

JUN 3 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 R. Bidmon*

Licensed Embalmer No. *4531*

P. O. Address *Kansas City,*

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.