

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045920

FILED VS DEC 19 1960

149

Primary Registration District No. 1002

6058

STATE FILE NUMBER

Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City,		Length of stay in 1b 5 days		c. CITY OR TOWN Higginsville,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Marvin Middle (None) Last Bird				4. DATE OF DEATH Month December Day 3, Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 31, 1907	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi Business			10b. KIND OF BUSINESS OR INDUSTRY Him Self		11. BIRTHPLACE (City and state or country) Higginsville, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James Bird			13b. MOTHER'S MAIDEN NAME Rose Dagg			14. NAME OF HUSBAND OR WIFE Daisy F. Bird		
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. 494-30-7527		17. INFORMANT Address Mrs. Daisy F. Bird Higginsville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory collapse DUE TO (b) Bronchogenic Carcinoma DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 1 hour 6 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rt Pneumotomy done today						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 11-29-60 to 12-3-60 and last saw her/him alive on 12-3-60 Death occurred at 11:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) John H. Meyer, Jr M.D.				22b. ADDRESS 462 Jc Nichols Parkway			22c. DATE SIGNED 12/3/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 3, 1960	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or County) (State) Higginsville, Missouri.			
24. FUNERAL DIRECTOR ADDRESS D. W. Newcomer's Sons K. C. Missouri.				25. DATE RECD. BY LOCAL REG. 12-3-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer		

DOCUMENT

BY AFFIDAVIT OF JOHN H. MEYER, JR. MEDICAL CERTIFICATION

DEC 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry E. Clement

Licensed Embalmer No. 4550

P. O. Address Peasport, Va.

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.