MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-021894
STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 223

FILED JUL 5 1961

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Elizabeth Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 119 Summit Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: William Middle: T. Last: Bird
4. DATE OF DEATH: Month: June Day: 8 Year: 1961
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jun.8,1961
9. AGE (last birthday): 55
IF UNDER 1 YEAR: Months: 10 Days:
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Hannibal, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME:
13b. MOTHER'S MAIDEN NAME: Susie Little
14. NAME OF HUSBAND OR WIFE: Mrs. Rosetta Bird
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Rosetta Bird Hannibal, Missouri Address 119 Summit St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 mths
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 5-1-61, to and last saw him alive on 6-8-61
Death occurred at 6:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W L Greene (Degree or title) M.D.
22b. ADDRESS: 100 N. Sixth, Hannibal, Mo.
22c. DATE SIGNED: 6-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jun.11,1961
23c. NAME OF CEMETERY OR CREMATORY: Robinson Cemetery
23d. LOCATION (City, town, or county) (State): Hannibal, Missouri

24. FUNERAL DIRECTOR: Geo E. Robert ADDRESS: 1218 Broadway Hannibal, Mo.
25. DATE RECD. BY LOCAL REG.: 6/22/61
26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke by Lillian M. Sherman

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

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 Geo E Roberts
George E. Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal, Missouri

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.