

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015109

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2118

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 30 1962

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JACKSON</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>6 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4200 EAST 56TH STREET</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4200 EAST 56TH STREET</b>
<b>3. NAME OF DECEASED</b> First Middle Last (Type or print) <b>MARY ELIZABETH BIRD</b>			<b>4. DATE OF DEATH</b> Month Day Year <b>APRIL 16 1962</b>
<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>3/6/76</b>
<b>9. AGE</b> (last birthday) <b>86</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>--</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>OSKALOOSA, KANSAS</b>
<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>ROBERT PARKER</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>JULIA K. ENDLER</b>		<b>14. NAME OF HUSBAND OF WIFE</b> <b>JAMES W. BIRD</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>	<b>17. INFORMANT</b> Address <b>4200 EAST 56TH ST. MO.</b> <b>MRS. RAYMOND HESSLING-KANSAS CITY, MO.</b>
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of the ampulla of Vater with complete biliary obstruction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>complete biliary obstruction</b> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b> <b>STATE</b>
<b>21. I attended the deceased from</b> <b>10-5-55</b> to <b>4-16-62</b> and last saw her/him alive on <b>4-12-62</b> Death occurred <b>8:00 A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
<b>22a. SIGNATURE</b> (Degree or title) <i>John H. Wheeler</i>		<b>22b. ADDRESS</b> <b>M.D. 4320 Wornall Road, K. C. Mo.</b>	
<b>22c. DATE SIGNED</b> <b>4-16-62</b>		<b>23a. BURIAL, CREMATION, RECOVERY</b> (Specify) <b>BURIAL</b>	
<b>23b. DATE</b> <b>APR. 18, 1962</b>		<b>23c. NAME OF CEMETERY</b> <b>FLORAL HILLS CEMETERY KANSAS CITY MISSOURI</b>	
<b>23d. LOCATION</b> (City, town, or county) (State)		<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>1331 BRUSH CR. KANSAS CITY, MO.</b> <b>D.W. NEWCOMER'S SONS</b>	
<b>25. DATE RECD. BY LOCAL REG.</b> <b>4-17-62</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>Ruth H Long</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 1  
 2 3788  
 3  
 4 1  
 5 2  
 6  
 7 1  
 8 0  
 9 1551  
 10  
 11  
 12 90-0  
 13  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

18. John Henry Fowler  
Route 224 4320 Howell Road  
12:30-5:00

**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 Louis Quoit

Licensed Embalmer No. 4096

P. O. Address K.C. Mo.

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.