

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4318

State File No.

FILED JAN 31 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0176

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester, Mo</u>	c. LENGTH OF STAY (In this place) <u>12 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> <u>2059</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>6167 Waterman</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>A.</u> c. (Last) <u>Laird</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 17 1953</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 13, 1863</u>	9. AGE (In years last birthday) <u>91 yr</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Consulting Eng.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>US ARMY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Knox Co. Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Laird</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Regan</u>	14. NAME OF HUSBAND OR WIFE <u>Isabel Woods Laird</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes: WW I + Spanish Amer.</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Kyle Stickney Galesburg Ill.</u>	ADDRESS <u>Galesburg Ill.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
	ANTECEDENT CAUSES: DUE TO (b) <u>Senility</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>Jan 17 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>493X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Manchester Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 13 1953 3:05 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Slipped</u>
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22. I hereby certify that I attended the deceased from Jan 5, 1953, to Jan 17, 1953, that I last saw the deceased alive on Jan 13, 1953, and that death occurred at 3:05 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Denny</u>	(Degree or title)	23b. ADDRESS <u>Cross Coeur Mo</u>	23c. DATE SIGNED <u>1-18-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan 29, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodhull Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Woodhull, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>1-19-53</u>	REGISTRAR'S SIGNATURE <u>Hester R. Daniels</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. M. A. LeFante</u>	ADDRESS <u>Sans 6175 Delmar</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Doc Denny
Mo. Baptist
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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
Student Embalmer

Signed

Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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 this body is not embalmed, fact should be so stated above.