

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32711

State File No. \_\_\_\_\_

FILED SEP 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CHAIRTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOBEELY</u>	c. LENGTH OF STAY (In this place) <u>3 WKS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KETYSVILLE</u> <u>C. 210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WOODLAND HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>RT. #1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BROUWER</u>	b. (Middle) <u>CLEVELAND</u>	c. (Last) <u>LAIRD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-16-53</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>MARRIED</u>	8. DATE OF BIRTH <u>12 OCT. 1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 Mth. Hours _____ Mts. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KETYSVILLE, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>DAVID LAIRD</u>	13b. MOTHER'S MAIDEN NAME <u>JENNIE CARLISLE</u>	14. NAME OF HUSBAND OR WIFE <u>CHARA 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>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS BROUWER LAIRD</u>	ADDRESS <u>KETYSVILLE</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute hepatic cause</u>		
	ANTECEDENT CAUSES <u>unknown</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>myocardial infarction due to coronary occlusion</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>580 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 15 1953 7:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Aug 24, 1953, to Sept 16, 1953, that I last saw the deceased alive on Sept 15, 1953, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James C. Jones</u> (Degree or title)	23b. ADDRESS <u>300 1/2 W. Red St. Moberly, Mo</u>	23c. DATE SIGNED <u>Sept 16 1953</u>
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24a. BURIAL, CREMATION, REBURIAL (Specify) <u>Burial</u>	24b. DATE <u>9-18-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon North</u>	24d. LOCATION (City, town, or county) (State) <u>Ketysville, Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-18-53</u>	REGISTRAR'S SIGNATURE <u>Calvin B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. ...</u>	ADDRESS <u>...</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. G. W. Haw  
Salisbury  
Mr. Chase  
Hospital

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 4425

P. O. Address \_\_\_\_\_  
Franklin, 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 this body is not embalmed, fact should be so stated above.