

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16982**

BIRTH NO.		REG. DIST. NO. 184	PRIMARY REG. DIST. NO. 3038	Registrar's No. 57
1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn		
b. CITY OR TOWN Brookfield Mo.		c. LENGTH OF STAY (in this place) 14da	c. CITY OR TOWN Linn	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital		e. STREET ADDRESS (If rural, give location) 0580		
3. NAME OF DECEASED (Type or Print) a. (First) Rachel		b. (Middle)	c. (Last) Laizure	4. DATE OF DEATH (Month) (Day) (Year) MAY 11 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH February 18-1893	9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Ruth		13b. MOTHER'S MAIDEN NAME Amanda Ruth	14. NAME OF HUSBAND OR WIFE GeJim Laizure	
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. no	17. INFORMANT'S SIGNATURE OR NAME Raymond Stantony ADDRESS Linn	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis DUE TO (b) Arterial Hypertension DUE TO (c) 1 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from SEPT. 19, 1953 , to MAY 11, 1956 , that I last saw the deceased alive on MAY 10, 1956 , and that death occurred at 5:15 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE H.H. Potter		(Degree or title) MD	23b. ADDRESS Brookfield Mo	23c. DATE SIGNED 5-17-56
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE May 13-1956	24c. NAME OF CEMETERY OR CREMATORY P.O.O.F.	24d. LOCATION (City, town, or county) (State) Linn Mo	
DATE REC'D BY LOCAL REG. 5-14-56	REGISTRAR'S SIGNATURE Katherine Johnson	25. FUNERAL DIRECTOR'S SIGNATURE Raymond Stantony ADDRESS Linn Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

W. H. ...

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. P. Brothers*.....

Licensed Embalmer No. *20*.....

P. O. Address *Lincoln*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.