

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000020
STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. / Primary Registration District No. 2000 Registrar's No. 25

300
-57

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Iowa b. COUNTY Van Buren)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bonaparte, 814 S
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hosp		Length of stay in 1b	d. STREET ADDRESS Bonaparte (If outside, give location)
3. NAME OF DECEASED (Type or print) First Hazel Middle Juanita Last Laird			4. DATE OF DEATH Month Jan. Day 23, Year 1959
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 11, 1927
9. AGE (In years, loss of birth day) 31		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Brisco, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Ams & Bellville	
13b. MOTHER'S MAIDEN NAME Martha Bufford		14. NAME OF HUSBAND OR WIFE Melvin Laird	
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.	
17. INFORMANT Mr. Melvin Laird, Bonaparte, Iowa		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism			INTERVAL BETWEEN ONSET AND DEATH 6 hrs
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) Cholecystectomy 1-20-58 586X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> 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 saw 17, 1959 , to saw 23, 1959 and last saw her alive on Jan 23, 1959 Death occurred at 11:40 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Milton T. Engler M.D. (Degree or title)		22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 1-23-1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/23/59	23c. NAME OF CEMETERY OR CREMATORY Brisco Cemetery	23d. LOCATION (City, town, or county) (State) Brisco, Mo.
24. FUNERAL DIRECTOR Carl W. Palfrey ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 1-23-1959	26. REGISTRAR'S SIGNATURE Norris W. Raloff

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.
MILTON T. ENGLER, M.D.

JUL 5 1961

MS MAR 8 1960

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 *Herbert E. Hays*

Licensed Embalmer No. *4890*

P. O. Address *Kirksville, 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.