. Health,
& Welfare
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004922
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY OR TOWN Jefferson City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hosp — Length of stay in 1b: Thirty years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City c-269 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Route 5 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First GEORGE Middle EMETT Last LAIRMORE

4. DATE OF DEATH Month Day Year: Febr 27th 1959

5. SEX Male c
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH April 19th 1910
9. AGE (In years last birthday) 48 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman
10b. KIND OF BUSINESS OR INDUSTRY Jeff City Park Board
11. BIRTHPLACE (City and state or country) Linn, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Lairmore
13b. MOTHER'S MAIDEN NAME Nancy Mathews
14. NAME OF HUSBAND OR WIFE Nellie Gilmore Lairmore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 486-18-5383
17. INFORMANT Mrs Nellie Lairmore — Address Jefferson City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Ruptured heart	5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Myocardial infarction	14 days
DUE TO (c)	Coronary occlusion	14 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Mesenteric thrombosis 4201

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE 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 2/13/59, to 2/27/59 and last saw ~~her~~ him alive on 2/27/59
Death occurred at 8 55 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J Nanagawa (Degree or title) MD
22b. ADDRESS 5 N E High M
22c. DATE SIGNED 3/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 2nd 159
23c. NAME OF CEMETERY OR CREMATORY Lane Cemetery
23d. LOCATION (City, town, or county) Linn, Missouri (State)

24. FUNERAL DIRECTOR Tanner Service — ADDRESS Jefferson City, Mo.
25. DATE RECD. BY LOCAL REG. 4 March 1959
26. REGISTRAR'S SIGNATURE R. P. Harris, MD MR

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Donald P. Freeman
Donald P. Freeman
Licensed Embalmer No. 4623
P. O. Address Jefferson City, 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.