

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024317

FILED VS JUL 31 1959 43

Registration District No. _____ Primary Registration District No. 3007 Registrar's No. 35

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 1 Year		c. CITY OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 205 North B Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ORA Middle BELLE Last LAIRD				4. DATE OF DEATH Month July Day 20 Year 1959					
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-5-1902	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE M. W. 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. None		17. INFORMANT Address Mrs. Ruth Cosey Poplar Bluff, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis, Generalized DUE TO (c) Unknown							INTERVAL BETWEEN ONSET AND DEATH Acute		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m.		Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 6-29-59 to 7-20-59 and last saw her alive on 7-20-59 Death occurred 2:40 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Print name, degree or title) W. H. Wheeler, Jr. M.D.				22b. ADDRESS Poplar Bluff, Missouri			22c. DATE SIGNED 7-20-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-22-59	23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Somerville, Tennessee				
24. FUNERAL DIRECTOR Greer Croy & Fitch Poplar Bluff, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. 7/25/59		26. REGISTRAR'S SIGNATURE R. B. Buehler		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 14 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Philip J. Cassin

Licensed Embalmer No. 4610

P. O. Address Polk Bl

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