

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007608

FILED VS MAR 3 1960

278

Primary Registration District No. **3054**

Registrar's No. **29**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pike			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Lincoln			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		Length of stay in 1b	c. CITY OR TOWN Whiteside		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Hiram Middle Jackson Last Laird			4. DATE OF DEATH Month Feb Day 19 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4/18/73	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Iowa	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Lewis Laird		13b. MOTHER'S MAIDEN NAME Nancy Percefield		14. NAME OF HUSBAND OR WIFE		
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 Mrs Lydia Clark		Address Exeter, Ill	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C. V. A.					INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic hypertensive cardio-vascular disease					5 yrs	
DUE TO (c) Cystitis. Pyleonephritis.					6 days	
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		20g. COUNTY
20f. CITY, TOWN, OR LOCATION		20g. COUNTY		20h. STATE		
21. I attended the deceased from 8/3/59 to 2/19/60 and last saw him alive on 2/19/60 Death occurred at 3:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Chas H. Luccell			22b. ADDRESS M.D. Louisiana, Missouri.		22c. DATE SIGNED 2-20-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE FEB. 24, 1960	23c. NAME OF CEMETERY OR CREMATORY Bowling Green Memorial Gardens		23d. LOCATION (City, town, or county) (State) Bowling Green Mo		
24. FUNERAL DIRECTOR Butler-Pritchett		ADDRESS Bowling Green, Mo		25. DATE RECD. BY LOCAL REG. FEB. 24, 1960	26. REGISTRAR'S SIGNATURE Bernice Collier	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John W Butler

Licensed Embalmer No. 4447

P. O. Address Bowling Green

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.