

CERTIFICATE OF DEATH

69 0037063

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 283

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

4. 0421

5. 86

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0420

PARENTS

CAUSE

CERTIFIER

BURIAL

9. 0
10a. 88
10b. 86
11. 1
12. 1
13. 410.9
14. 4
15. 4
16. 4
17. 4
18. 0
19. CREDITS
20. 1-0

DECEASED—NAME 1. Harrison Chadwick Laird			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. October 7, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White		AGE—LAST BIRTHDAY (YEARS) 5a. 88	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Nov. 27, 1880
CITY, TOWN, OR LOCATION OF DEATH 7a. Windsor, Missouri			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7b. Windsor Nursing Home		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Illinois		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	
SOCIAL SECURITY NUMBER 12. 498-50-6763		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Farmer		KIND OF BUSINESS OR INDUSTRY 13b.	
RESIDENCE—STATE 14a. Missouri		COUNTY 14b. Henry	CITY, TOWN, OR LOCATION 14c. Calhoun		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes.
FATHER—NAME 15. George W Laird			MOTHER—MAIDEN NAME 16. Lorana J. Petty		
INFORMANT—NAME 17a. Mrs. Fannie Ketchum			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Calhoun, Missouri		
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		(a) Circulatory collapse			instant
DUE TO, OR AS A CONSEQUENCE OF:		(b) Myocardial infarct			6 - 8 hrs.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c) Arteriosclerotic heart disease			10 years
PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO) 19a. no	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.		
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.			
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM	MONTH DAY YEAR Apr 27 1966	TO 21b. Oct 7 1969	AND LAST SAW HIM/HER ALIVE ON 21c. Oct 7 1969	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. did	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 9:30pm
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED 22a.					
CERTIFIER—NAME (TYPE OR PRINT) 23a. Wm. J. Smith, M. D.		SIGNATURE 23b. <i>William J. Smith M.D.</i>		DATE SIGNED (MONTH, DAY, YEAR) 23c. Oct. 7, 1969	HOUR 9:30 P.M.
MAILING ADDRESS—CERTIFIER 23d. 103 W. Colt St.		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP Windsor, Mo. 65360 (Wm. J. Smith, M.D.)			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Calhoun Cemetery		LOCATION CITY OR TOWN STATE Calhoun, Missouri		
DATE 24d. Oct. 9, 1969	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Gouge Funeral Home, 301 W. Benton, Windsor, Mo.				
FUNERAL DIRECTOR—SIGNATURE 25b. <i>Clifford Gouge</i>	REGISTRAR—SIGNATURE 25c. <i>Sheldred Bigum</i>		DATE RECEIVED BY LOCAL REGISTRAR 25d. Oct. 11, 1969		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

69674138
OCT 7 1969

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 Clifford Louge

Licensed Embalmer No. 5014

P. O. Address Windsor, Md.

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.