

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022951
STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. Ray Primary Registration District No. 6018 Registrar's No. 15

300
1-57

| | | | |
|---|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fishing River</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Orrick</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | Length of stay in lb STREET ADDRESS <u>0890</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Jesse G. McLaugh</u> | | | 4. DATE OF DEATH Month Day Year <u>June 25 1958</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>March 31, 1879</u> |
| 9. AGE (In years last birthday) <u>79</u> | | 10. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 11. BIRTHPLACE (City and state or country) <u>Rayville Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>United States</u> | | 13. FATHER'S NAME <u>Andrew McLaugh</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Demyra Thurman</u> | | 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) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>500*40-3751</u> | 17. INFORMANT Address <u>Mrs. Floyd Odell Orrick Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic - Endocarditis -</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4214</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 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 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 <u>4-4-58</u> to <u>6-25-58</u> and last saw ^{her} him alive on <u>6-24-58</u> Death occurred at <u>6:45</u> <u>p</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Jeffrey F. Simmons T-D.O. 2</u> | | 22b. ADDRESS <u>Orrick Mo</u> | 22c. DATE SIGNED <u>6-27-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>June 28 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>South Point</u> | 23d. LOCATION (City, town, or county) (State) <u>Orrick Mo</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Wilbur McCall Orrick Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-27-58</u> | 26. REGISTRAR'S SIGNATURE <u>John J. Laikin</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

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.....

Licensed Embalmer No. 4534

P. O. Address Liberty 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.