

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7963
Registrar's No. 13

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan</u>		c. LENGTH OF STAY (in this place) <u>10 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northside Hospital.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>			b. (Middle) <u>W.</u>		c. (Last) <u>Laugeman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 4 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 22, 1882</u>		9. AGE (In years last bIRTHDAY) <u>66</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Henry Laugeman</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Brakemeier</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emma Mulroy</u>		ADDRESS <u>Sullivan, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>multiple thromboses - 50 days</u> <u>left leg & right arm</u> DUE TO (c) <u>Causes unknown</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Perniciious Anemia - 2 yrs?</u></p>						INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>+201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/26, 1949</u> , to <u>4/4, 1949</u> , that I last saw the deceased alive on <u>4/4, 1949</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Johu J. de la Torre M.D.</u> (Degree or title)				23b. ADDRESS <u>Sullivan, Mo.</u>		23c. DATE SIGNED <u>4/4/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/5/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I. O. C. F.</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/5/49</u>		REGISTRAR'S SIGNATURE <u>Ed Bracker</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Thos. P. Shaffer</u> ADDRESS <u>Sullivan, Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

36
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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 12 1949

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

T. A. Humphrey

Student Embalmer No. *316*

working under my personal supervision.

Student *T. A. Humphrey*
Student Embalmer

Signed *Edgar W. Johnson*

Licensed Embalmer No. *3394*

P. O. Address *Sullivan 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 this body is not embalmed, fact should be so stated above.