

FILED JUL 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24371

83 006

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6964 Registrar's No. 6-6

1. PLACE OF DEATH a. COUNTY <i>Platte</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Iowa</i> b. COUNTY <i>Grav</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Platte</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Mt Pleasant</i>	
c. LENGTH OF STAY (in this place) <i>30 da</i>		d. FULL NAME OF HOSPITAL OR INSTITUTION <i>at daughter's home</i>	
3. NAME OF DECEASED (Type or Print) (First) <i>Laura</i> (Middle) <i>Belle</i> (Last) <i>Kaighin</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>July 6 - 1949</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb. 14, 1869</i>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <i>80 4 23</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>home</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>
11. BIRTHPLACE (State or foreign country) <i>Brimfield Ill</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Peter Swinn</i>		13b. MOTHER'S MAIDEN NAME <i>Hannah Martz</i>	
14. NAME OF HUSBAND OR WIFE <i>Charles W Kaighin</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>J.C. Ruddle Parkville Mo.</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial failure</i>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) <i>Diabetes Mellitus with</i>			
DUE TO (c) <i>Advanced arteriosclerosis</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		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 <i>7-6</i> , 19 <i>49</i> , to <i>7-6</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>7-5</i> , 19 <i>49</i> , and that death occurred at <i>7:50</i> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>R.D. Dwyer D. M.D.</i>		23b. ADDRESS <i>1902 Surf St</i>	
23c. DATE SIGNED <i>7-6-49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>July 7-49</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Unity Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Mt Pleasant, Iowa</i>	
DATE REC'D BY LOCAL REG. <i>7-6-49</i>		REGISTRAR'S SIGNATURE <i>Walter R. Collins</i>	
25. FUNERAL (DIRECTOR'S SIGNATURE AND ADDRESS) <i>Leland H. Francis Parkville</i>			

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

RECEIVED JUL 19

District Health Officer No. 8,

District File Number _____

Date Filed: 7-20-49

APR 29 1950

MAR 8

1954

OCT 21 1954

APR 18 1954

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, _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Leland G. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.