No. 300
10.48

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29415

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 361

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Van Wover Tourist Court

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 5216 Congress St
d. STREET ADDRESS (If rural, give location): Chicago, Ill.

3. NAME OF DECEASED (Type or Print): a. (First) Peter b. (Middle) Patrick c. (Last) McLaughlin
4. DATE OF DEATH (Month) (Day) (Year): Sept. 24, 1949
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March. 14, 1897
9. AGE (In years last birthday): 52 — If under 1 year: Months 6, Days 10; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Manager
10b. KIND OF BUSINESS OR INDUSTRY: Texaco Oil Co
11. BIRTHPLACE (State or foreign country): Woburn, Mass
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Patrick McLaughlin
13b. MOTHER'S MAIDEN NAME: Mary Gallvin
14. NAME OF HUSBAND OR WIFE: Elizabeth McLaughlin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs Eliz. McLaughlin — ADDRESS: Chicago, Ill.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute indigestion — One hour

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) Poplar Bluff (COUNTY) Butler (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 24, 19 49, *to* Sept 24, 19 49, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Alfred P Cowan M.D. (Degree or title)
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: Sept 24 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-24-49
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Chicago, Illinois

DATE REC'D BY LOCAL REG.: Sept 25 1949
REGISTRAR'S SIGNATURE: Wm H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Frank Kotrell — Poplar Bluff, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 3 REC'D

1049-303

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

OCT 10 1949

OCT 11 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 _____

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Scott A. Corbett

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.