

FILED FEB 11 1950

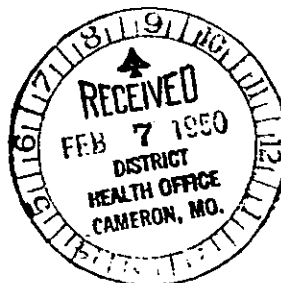
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3705

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4550		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheridan		c. LENGTH OF STAY (In this place) 43		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheridan		1130	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sheridan				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) Ida		b. (Middle) Mae		c. (Last) McLaughlin		4. DATE OF DEATH (Month) (Day) (Year) 1 18 1950	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 1 1 1878	
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (State or foreign country) Blockton, Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Hiram Ostrander		13b. MOTHER'S MAIDEN NAME Hannah (unknown)		14. NAME OF HUSBAND OR WIFE C.T. McLaughlin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charley McLaughlin Grant City, Mo.			
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) Hypertensive heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X				INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
19a. DATE OF OPERATION 1-18-50		19b. MAJOR FINDINGS OF OPERATION 2				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 Aug. 10, 1948 , to 1-18, 1950 , that I last saw the deceased alive on 1-18, 1950 , and that death occurred at 3:10 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Phyllis M.D.		(Degree or title) MD		23b. ADDRESS Grant City, Mo.		23c. DATE SIGNED 1-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1 21 1950		24c. NAME OF CEMETERY OR CREMATORY Sheridan Cemetery		24d. LOCATION (City, town, or county) (State) Sheridan, Mo.	
DATE REC'D BY LOCAL REG. Jan 31, 1950		REGISTRAR'S SIGNATURE John E. Dawson		345		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Archie C. Dangle Grant City, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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



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.

Signed _____

Arch C. Dangle

Signed _____
Student Embalmer

Licensed Embalmer No. *3252*

P. O. Address *Spring City, 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.