S. No. 300
Rev. 10.48

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

FILED JUN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19664

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4095 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY: CASS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Drexel
c. LENGTH OF STAY (in this place): 15 Months.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Not in hospital. At home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Drexel.
d. STREET ADDRESS (If rural, give location): Bates Street.

3. NAME OF DECEASED (Type or Print)
a. (First): RALPH
b. (Middle): LEWIS
c. (Last): LAUGHLIN

4. DATE OF DEATH (Month): June, (Day): 13, (Year): 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 21, 1886
9. AGE (In years last birthday): 63 — If under 1 year: Months: 7, Days: 22 — If under 24 hrs.: Hours: , Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired.
10b. KIND OF BUSINESS OR INDUSTRY: Farming.
11. BIRTHPLACE (State or foreign country): Ellis, Kansas.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Thomas Laughlin.
13b. MOTHER'S MAIDEN NAME: Marria Lewis
14. NAME OF HUSBAND OR WIFE: Mary Effie Laughlin.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: 493-22-3387
17. INFORMANT'S SIGNATURE OR NAME: Effie Laughlin. **ADDRESS:** Drexel, Missouri

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Recurrent Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
DUE TO (b) Cerebral Hemorrhage — 3 yrs
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

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) (COUNTY) (STATE):
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* June 11, 1950, *to* June 13, 1950, *that I last saw the deceased alive on* June 13, 1950, *and that death occurred at* 12:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Basil A. Hartwell (Degree or title): M.D.
23b. ADDRESS: Drexel, Missouri.
23c. DATE SIGNED: 6/14/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/16/50
24c. NAME OF CEMETERY OR CREMATORY: Sharon.
24d. LOCATION (City, town, or county) (State): Drexel, Mo.

DATE REC'D BY LOCAL REG.: 6/17/50
REGISTRAR'S SIGNATURE: Laura J. Jones
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] **ADDRESS:** Drexel, Mo.
(Licensed Embalmer's Statement to Reverse Side)

RECEIVED
JUN 24 1950
CASS COUNTY
HEALTH DEPARTMENT

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, ~~and~~ ..... ~~Student Embalmer No.~~ ..... ~~working under my personal supervision.~~

~~Student~~ .....
Student Embalmer

Signed .....

Licensed Embalmer No. 1950

P. O. Address Drexel, 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.