

FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30523

3684

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3684</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 4</u>		c. LENGTH OF STAY (in this place) <u>1 Wk</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hamilton</u>		501		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Colonial Nurs. Home, 100 E. 36th</u>				d. STREET ADDRESS (If rural, give location) <u>100 E. 36th Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u> b. (Middle) <u>M.</u> c. (Last) <u>Laughlin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27, 1950</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct. 26, 1860</u>		
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>Wm. Dalton</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Bert. S. Laughlin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Evans Nettleton</u> ADDRESS <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ununited fracture Right Hip</u> DUE TO (c) <u>or Tumor of bladder</u>						?		
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hamilton, CALDWELL Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 1950</u> m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell</u>				
22. I hereby certify that I attended the deceased from <u>21 Aug.</u> , 19 <u>50</u> , to <u>27 Aug.</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>27 Aug.</u> , 19 <u>50</u> , and that death occurred at <u>8:30 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Gordon B. Barnett</u> (Degree or title) _____				23b. ADDRESS <u>6333 Brookside Plaza, K.C., Mo.</u>		23c. DATE SIGNED <u>28 Aug. '50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/28/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Hamilton, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-29-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE, Kansas City, Mo.</u>				

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.

Student
Student Embalmer

Signed S J Allen

Licensed Embalmer No. 1415

P. O. Address K. C. Co.

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.