

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUN 18 1951

State File No. **20855**

BIRTH NO. _____ REG. DIST. NO. **248** PRIMARY REG. DIST. NO. **4369** Registrar's No. **9**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY Newton		a. STATE Missouri	b. COUNTY Newton
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seneca		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seneca	
c. LENGTH OF STAY (In this place) 56 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Levi	b. (Middle) David	c. (Last) Laughlin	June 4 1951		

5. SEX Male	6. COLOR OR RACE White + Ind.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 21 1895	9. AGE (In years) 56	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Service emp.	10b. KIND OF BUSINESS OR INDUSTRY Ramp Crowder	11. BIRTHPLACE (State or foreign country) Seneca, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	---

13a. FATHER'S NAME Charles Laughlin	13b. MOTHER'S MAIDEN NAME Rebecca Flint	14. NAME OF HUSBAND OR WIFE Flora Laughlin
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 499-24-2781	17. INFORMANT'S SIGNATURE OR NAME Flora Laughlin	ADDRESS Seneca, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		
	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) 4201
---	---	---

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 5-4-, 1951, to 5-4-, 1951, that I last saw the deceased alive on 5-3-, 1951, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE J.P. Swenler M.D.	23b. ADDRESS Seneca Mo	23c. DATE SIGNED 6-4-51
--	--------------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/8/51	24c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery	24d. LOCATION (City, town, or county) (State) Seneca, Missouri
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. 6-6-51	REGISTRAR'S SIGNATURE Phyllis Brite	25. FUNERAL DIRECTOR'S SIGNATURE W.E. Biddlestone	ADDRESS Seneca Mo
---	---	---	---------------------------------

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

No. 300
10.48
130
1

RECEIVED

MAR 24 1952

District Health Officer No. Newton Co. Health Dept.

District File Number 651-141

Date Filed 6/13/51

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 W E Reddick

Licensed Embalmer No. 2174

P. O. Address Seneca

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.