

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34757

State File No.

FILED NOV 9 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 349

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. LENGTH OF STAY (in this place) 5 Yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre	
		d. STREET ADDRESS (If rural, give location) 121 Mound St.	

3. NAME OF DECEASED (Type or Print)	a. (First) MINNIE	b. (Middle) HAZEL	c. (Last) McLAUGHLIN	4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1951
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 10, 1904	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Days 4	IF UNDER 24 HRS. Hours 15	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (State or foreign country) Missouri			

13a. FATHER'S NAME J. R. Mason	13b. MOTHER'S MAIDEN NAME Sally Caffee	14. NAME OF HUSBAND OR WIFE Wm McLaughlin
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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. *****	17. INFORMANT'S SIGNATURE OR NAME John McLaughlin	ADDRESS St. Louis, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension & Obesity		
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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct 25, 1951, to Oct 25, 1951, that I last saw the deceased alive on Oct 25, 1951, and that death occurred at 1:00 P m., from the causes and on the date stated above.

23a. SIGNATURE B. J. Mavity	(Deceased's title) Dr.	23b. ADDRESS Bonne Terre Mo.	23c. DATE SIGNED 10/26/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 28, 1951	24c. NAME OF CEMETERY OR CREMATORY Leadwood Cemetery	24d. LOCATION (City, town, or county) (State) Leadwood, Mo.
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DATE REC'D BY LOCAL REG. Oct. 29 1951	REGISTRAR'S SIGNATURE E. ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Boyer Funeral Home	ADDRESS Leadwood, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 17 1951

DISTRICT HEALTH OFFICE NO. 1

NOV - 6 1951

RECEIVED

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 *William E. Boyer*

Licensed Embalmer No. *4730*

P. O. Address *Leadwood, 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.