

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38277**

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 4389 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>OSAGE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>LINN Mo</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>LINN Mo 0760</u>		d. STREET ADDRESS (If rural, give location) <u>R.D.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LINN Mo - R.D.</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>C</u> c. (Last) <u>LAUGHKIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov - 10 - 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov-16-1868</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>- - -</u>	11. BIRTHPLACE (State or foreign country) <u>LINN - Mo - 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>

13a. FATHER'S NAME <u>Hugh B. Laughlin</u>		13b. MOTHER'S MAIDEN NAME <u>RACHEL FERGUSON</u>		14. NAME OF HUSBAND OR WIFE <u>MARY L. STILESMEYER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CECIL LAUGHKIN - LINN - 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis - generalized Primary Liver?</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6mo</u>	
	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.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>155X</u>			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) (Min.)	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 July, 1951, to Nov. 10, 1951, that I last saw the deceased alive on Oct. 29, 1951, and that death occurred at 1 - p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. B. Hebl M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>11-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LINN Public</u>	24d. LOCATION (City, town, or county) (State) <u>LINN - Mo -</u>		
DATE REC'D BY LOCAL REG. <u>11-13-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>235</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde Martin Linn, Mo</u>		

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

760
1

DISTRICT HEALTH OFFICE NO. 4

File No.

NOV 20 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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Livingston, 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.