

FILED JUN 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15893

State File No. ....

242  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>71</u>	PRIMARY REG. DIST. NO. <u>3012</u>	Registrar's No. <u>74</u>
1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Spgs</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kearney Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Spgs Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0240</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Edgar</u> c. (Last) <u>Laffoon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 4 1952</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 7-1871</u>	9. AGE (In years last birthday) <u>80</u> If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Min. _____
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>Gen Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Clay Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Richard Laffoon</u>		13b. MOTHER'S (MAIDEN) NAME <u>Luz Wood</u>	14. NAME OF HUSBAND OR WIFE <u>Calla</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>Samuel L. Laffoon</u> ADDRESS <u>Liberty 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis (general)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>year -</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 <u>4/19</u> , 19 <u>52</u> , to <u>5/4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5/4</u> , 19 <u>52</u> , and that death occurred at <u>9 p.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Lucius B. Bohannon</u>		(Degree or title) <u>MD</u>	23b. ADDRESS <u>Keeney Springs Mo</u>	23c. DATE SIGNED <u>5/7/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel</u>	24d. LOCATION (City, town, or county) (State) <u>4 miles East Kearney Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 7, 1952</u>	REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fry</u>	ADDRESS <u>Kearney</u>	

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Leonard J. Joy*

Signed.....

Student Embalmer

Licensed Embalmer No. *1677*

P. O. Address

*Kearney 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.