

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17502

State File No.

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Pike 0820</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike 0820</u>	
b. CITY OR TOWN <u>Bowling Green</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co Rest Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Janner</u> b. (Middle) <u>-</u> c. (Last) <u>LAUGHTOIR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>single</u>	8. DATE OF BIRTH <u>2-15-93</u>
9. AGE (in years last birthday) <u>59</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>total disable</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Montgomery Co Mo</u>
11a. FATHER'S NAME <u>Laughton</u>	11b. MOTHER'S MAIDEN NAME <u>Dont know</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	14. SOCIAL SECURITY NO. <u>none</u>	15. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Scott Strube</u> ADDRESS <u>Bowling Green</u>	
16. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Apoplexy</u>		17. MEDICAL CERTIFICATION INTERNAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		19. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
21a. DATE OF OPERATION	21b. MAJOR FINDINGS OF OPERATION	22. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. ACCIDENT SUICIDE HOMICIDE (Specify)	23b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	23c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
24a. TIME OF INJURY (Month) (Day) (Year) (Hour)	24b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	24c. HOW DID INJURY OCCUR?	
25. I hereby certify that I attended the deceased from <u>2-19-52</u> , to <u>5-26</u> , 19 <u>52</u> that I last saw the deceased alive on <u>5-23</u> , 19 <u>52</u> and that death occurred at <u>6:5</u> m., from the causes and on the date stated above.			
26. SIGNATURE <u>J. M. Matthews MD</u> (Degree or title)		26b. ADDRESS <u>Bowling Green Mo</u>	26c. DATE SIGNED <u>6-5-52</u>
27a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	27b. DATE <u>May 29-1952</u>	27c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>	27d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo</u>
28. DATE REC'D BY LOCAL REG. <u>6-7-52</u>	28b. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	28c. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bankhead</u> ADDRESS <u>Bowling Green 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Harold C. Kink

Signed.....
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.