

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7723

State File No. 1580
Registrar's No. 1580

FILED FEB 26 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>WISCONSIN</u> b. COUNTY <u>CHIPPENAW</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CORNELL</u>	
c. LENGTH OF STAY (in this place) <u>10 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6936 NASHVILLE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>AUGUSTUS</u> c. (Last) <u>LAFLIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 9 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>JULY 22 1878</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELECTRICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>MINNESOTA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>GEORGE A LAFLIN</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH KERR</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGIA LAFLIN (DECEASED)</u>	
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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) <u>NO</u>		16. SOCIAL SECURITY NUMBER <u>383-05-5830</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BERNARD C DYER</u> ADDRESS <u>6936 NASHVILLE AVE</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the prostate</u> ANTECEDENT CAUSES Morbidity 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.			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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? <u>177X</u>	
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22. I hereby certify that I attended the deceased from 29 Jan, 1953, to 9 Feb, 1953, that I last saw the deceased alive on 9 Feb, 1953, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Truman G. Drake MD</u>		23b. ADDRESS <u>114 N. Taylor, St. L. 8 Mo.</u>		23c. DATE SIGNED <u>9 Feb 53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>FEB. 10, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CORNELL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>CORNELL WISCONSIN</u>					

DATE REC'D BY LOCAL REG. <u>FEB 10 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Bocklage</u> ADDRESS <u>6536 Clayton Rd.</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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. W. Dinkley*.....

Licensed Embalmer No. *3653*.....

P. O. Address *St Louis 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.