

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21162

State File No. _____

FILED JUN 23 1953

BIRTH NO. _____ REG. DIST. NO. 29 PRIMARY REG. DIST. NO. 3373 Registrar's No. 32

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

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Meysville Rural</u>	c. LENGTH OF STAY (in this place) <u>3 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Star</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Maple Lawn Rest Home.</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Laffoon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1953</u>
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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>3.2.1878</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>30</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Winfield Kans.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Laffoon</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Salenda</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Laffoon</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 NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Laffoon, Union Star Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>P</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate and Bladder</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	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 March 3, 1953 to 6.1.1953, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 6:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Harold Fowler, Jr. M.D.</u>	23b. ADDRESS <u>Maysville Mo.</u>	23c. DATE SIGNED <u>6.3.53.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6.3.1953</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Union Star</u>	24d. LOCATION (City, town, or county) (State) <u>Union Star Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-10-53</u>	REGISTRAR'S SIGNATURE <u>Rose Anderson</u>	82.	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. J. Paggart</u>	ADDRESS <u>King City Mo.</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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.