

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

22129

FILED JUL 9 - 1953

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>385</u> | | PRIMARY REG. DIST. NO. <u>3039</u> | | Registrar's No. <u>556</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u> | | 0581 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u> | | | | d. STREET ADDRESS (If rural, give location) <u>200 West Lake</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Blanche</u> | | | b. (Middle) <u>McLaughlin</u> | | | c. (Last) | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1953</u> | | | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Oct. 29, 1886</u> | |
| 9. AGE (In years last birthday) <u>66</u> | | 10. MONTHS <u>5</u> | | 11. DAYS <u>7</u> | | 12. IF UNDER 1 YEAR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Embalmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Funeral Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Matthew Clarke</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Clara Bulter</u> | | | 14. NAME OF HUSBAND OR WIFE <u>James McLaughlin</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 ADDRESS <u>James McLaughlin, Marceline, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</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 |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | | | 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) | | 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>1948</u> to <u>4-6-1953</u> that I last saw the deceased alive on <u>3-6-1953</u> and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John W. Smith M.D.</u> | | | | 23b. ADDRESS <u>Marceline, Mo. 4-8-53</u> | | 23c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, OR RENOVATION (Specify) <u>Burial</u> | | 24b. DATE <u>4/9/53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Killiard</u> | | 24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-10-53</u> | | REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James McLaughlin</u> | | ADDRESS <u>Marceline, Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 20 1963

NOV 20 1962

OCT 13 1955

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 _____ X

Student Embalmer No. _____ X

working under my personal supervision.

Student _____ X
Student Embalmer

Signed George W. Davel

Licensed Embalmer No. 4999

P. O. Address Marceline, 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.