

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28743  
4178

State File No. ....

Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>3 YEARS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL # 1</b>		e. STREET ADDRESS (If rural, give location) <b>3558 3732 WABASH AVENUE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CARLA</b> b. (Middle) <b>JEAN</b> c. (Last) <b>McLAUGHLIN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 22, 1953</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>DECEMBER 5, 1949</b>	9. AGE (In years last birthday) <b>3</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>EDWARD E. McLAUGHLIN</b>	13b. MOTHER'S MAIDEN NAME <b>BETTY JEAN LEE</b>	14. NAME OF HUSBAND OR WIFE <b>NONE - INFANT</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>EDWARD E. McLAUGHLIN</b> ADDRESS <b>3732 WABASH AVE KANSAS CITY, MO.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage Complications</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>8-20-53</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>fractured skull</b>		
	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) <b>natural</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson MO</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8-22-53</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fall from porch</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **4:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title) <b>3</b>	23b. ADDRESS <b>1730 Walnut St</b>	23c. DATE SIGNED <b>8-23-53</b>
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24a. BURIAL CREMATION (Specify) <b>BURIAL</b>	24b. DATE <b>AUG 25, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LEES SUMMIT CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>LEES SUMMIT MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>8-25-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>OK Newcomer's Sons</b> ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
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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.....  
Signature of Student Embalmer

Signed *John B. Lewis*

Licensed Embalmer No. *4875*  
P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.