

FILED DEC 7 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38127

397

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY OR TOWN <u>Kirksville</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1010 S. Halliburton St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dr. Earl</u> b. (Middle) <u>H.</u> c. (Last) <u>Laughlin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 1953</u>	
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>May 10, 1882</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WKS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Osteopath Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Doctor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oskaloosa, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Laughlin Rev. George H. Ross;</u>	
13b. MOTHER'S MAIDEN NAME <u>Deborah. J. Ross;</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie Gardner Laughlin</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>490-18-6817</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Earl H. Laughlin Sr., Kirksville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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. <u>Wernia</u>	
19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
24a. ACCIDENT SOURCE: _____ HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21a. 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>Nov 28</u> , 19 <u>53</u> , to <u>Dec 2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec 2</u> , 19 <u>53</u> , and that death occurred at <u>2:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. T. Rhoads, M.D.</u> (Degree optional)		23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>12-3-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-3-53</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul H. Taylor Kirksville, Mo.</u>	

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

DEC 2 1954

FEB 16 1954

DEC 31 1953  
DEC 31 1953

OCT 26 1954

NOV 4 1954

1954

**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 *Richard H. Randall*

Licensed Embalmer No. *4866*

P. O. Address *Knoxville*

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Adair } ss.

State File No. 38127-53  
Local Registrar's No. 336

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this 19th day of December, 1953, before me appears Paul M. Riley, Funeral Director, who, upon his oath, states that the original record of <sup>XXX</sup> death for Dr. Earl H. Laughlin Sr., died Dec. 2, 1953, in the State of Missouri, and which was filed at Kirksville, Mo. on Dec. 3, 1953, should be corrected as follows:

Item No. 13 A should read Rev. George H. Laughlin

Instead of Rev. George H. Ross.

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Paul M. Riley  
Funeral Director  
Kirksville, Mo.  
Present Address.

Subscribed and sworn to before me this 19th day of December, 1953

My Commission expires July 31, 1955 Harvey B. Young Notary Public.

