

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2369

State File No. ....

FILED JAN 28 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 8

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pulaski</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>b. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Waynesville, Mo</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Naylor, Mo</b> <span style="float: right;">0919</span>     |  |
| c. LENGTH OF STAY (In this place) <b>3 Wks</b>  |  | d. STREET ADDRESS (If rural, give location) <b>None</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>   |  |  |  |

|                                     |                         |                         |                           |  |
|-------------------------------------|-------------------------|-------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Clyde</b> | b. (Middle) <b>None</b> | c. (Last) <b>Laughlin</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 16, 1954</b> |
|-------------------------------------|-------------------------|-------------------------|---------------------------|--|

|                    |                               |  |                                       |   |                       |                       |                      |
|--------------------|-------------------------------|--|---------------------------------------|---|-----------------------|-----------------------|----------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>June 26, 1901</b> | 9. AGE (In years last birthday) <b>52</b> | # UNDER 1 YEAR Months | # UNDER 24 HRS. Hours | # UNDER 60 MIN. Min. |
|--------------------|-------------------------------|--|---------------------------------------|---|-----------------------|-----------------------|----------------------|

|   |   |  |   |
|---|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>None</b> | 11. BIRTHPLACE (State or foreign country) <b>Waynesville, Mo</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|---|---|--|---|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <b>James J. Laughlin</b> | 13b. MOTHER'S MAIDEN NAME <b>Dora Stell, Logan</b> | 14. NAME OF HUSBAND OR WIFE <b>Alma Ramsey</b> |
|---|--|--|

|  |  |   |         |
|--|--|---|---------|
| 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>Unknown</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Alma Laughlin Naylor, Mo</b> | ADDRESS |
|--|--|---|---------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>decompensated heart</b> <span style="float: right;">7 yrs</span><br>DUE TO (c) <b>Rheumatic fever</b> <span style="float: right;">7</span> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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"/> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 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) m. | 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 Dec 17, 1953 to Jan 16, 1954, that I last saw the deceased alive on Jan 15, 1954, and that death occurred at 7:15 m., from the causes and on the date stated above.

|  |                                     |                                 |
|--|-------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>R O Dewitt, M.D.</b> | 23b. ADDRESS <b>Waynesville, Mo</b> | 23c. DATE SIGNED <b>1/17/54</b> |
|--|-------------------------------------|---------------------------------|

|  |                             |  |  |
|--|-----------------------------|--|--|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>Jan 20, 54</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Waynesville Memorial</b> | 24d. LOCATION (City, town, or county) (State) <b>Waynesville, Mo</b> |
|--|-----------------------------|--|--|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <b>1-18-54</b> | REGISTRAR'S SIGNATURE <b>C. L. ...</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedges</b> ADDRESS <b>Funeral Home Waynesville, Mo</b> |
|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 1-26-54  
File Number  
County Health Officer

RECEIVED 1-18-54

**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 Walter J. Reddy

Licensed Embalmer No. 4268

P. O. Address Sherr, 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.