

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

State File No. **4927**
663

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

| | | | |
|---|--|--|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City) | | c. LENGTH OF STAY (In this place) 14 yrs. | c. CITY OR TOWN Kansas City |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 31 East 56th St. | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) 31 East 56th St. | 3828 |

| | | | | |
|--|------------------------|----------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) JOHN | b. (Middle) PATRICK | c. (Last) LAING | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1954 |
|--|------------------------|----------------------------|------------------------|--|

| | | | | | | |
|---------------------------|--------------------------------------|--|---|--|--|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 17, 1901 | 9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|---------------------------|--------------------------------------|--|---|--|--|--|

| | | | |
|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Mgr. Midland Lithographing Co. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Evanston, Illinois | 12. CITIZEN OF WHAT COUNTRY? USA |
|--|--|---|--|

| | | |
|---|--|--|
| 13a. FATHER'S NAME George Laing | 13b. MOTHER'S MAIDEN NAME Mary Ellen Doyle | 14. NAME OF HUSBAND OR WIFE Dorothy A. Laing |
|---|--|--|

| | | | |
|---|---|--|----------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Navy - W.W. #1 | 16. SOCIAL SECURITY NO. 178-03-9499 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy Laing, 31 E. 56 St., K.C. MO. | ADDRESS |
|---|---|--|----------------|

| | | | |
|--|---|--|--|
| 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 4201 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RECENT INFARCTION OF SEPTUM OF HEART | | |
| | ANTECEDENT CAUSES DUE TO (b) HEMORRHAGIC THROMBOSIS OF RIGHT CORONARY ARTERY | | |
| 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 checked="" 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 Pathologist, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | |
|--|-----------------------------|---------------------------------------|--|
| 23a. SIGNATURE F.C. Helwig | (Degree or title) MD | 23b. ADDRESS 16. Helwig | 23c. DATE SIGNED 2/11/54 |
|--|-----------------------------|---------------------------------------|--|

| | | | |
|---|---------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 2/11/54 | 24c. NAME OF CEMETERY OR CREMATORY - | 24d. LOCATION (City, town, or county) (State) Des Moines, Iowa 51 |
|---|---------------------------------|--|---|

| | | | |
|--|---|---|--------------------------------|
| DATE REC'D BY LOCAL REG. 2-11-54 | REGISTRAR'S SIGNATURE Geraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO. | ADDRESS K.C. MO. |
|--|---|---|--------------------------------|

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

No. 300
10.48

Dr. Chester Lee.
174 1/2 W. Main Bldg.
June 2114

706 4

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 *Gerald A. Burger*.....

Licensed Embalmer No. *476*

P. O. Address *K. C. 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.