

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4931

State File No.
828

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Ford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dodge City</u>	
c. LENGTH OF STAY (In this place) <u>4-DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>1900 La Mesa Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE E</u> b. (Middle) _____ c. (Last) <u>LAUGHEAD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1954</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>Dec. 3, 1880</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance & BANK</u>		11. BIRTHPLACE (State or foreign country) <u>Scotland Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>DR. G. G. LAUGHEAD</u>	13b. MOTHER'S MAIDEN NAME <u>NETTIE WOLFF</u>	14. NAME OF HUSBAND OR WIFE <u>JESSIE A. LAUGHEAD</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>572-30-2334</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. JESSIE A. LAUGHEAD</u> ADDRESS <u>1900 LAMESA DRIVE DODGE CITY, KANSAS</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>Subacute Bacterial Endocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____		4300
		DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (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 Feb 19, 1954, to Feb 22, 1954, that I last saw the deceased alive on Feb. 22, 1954, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John B. Justus</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>315 Nichols Rd.</u>	23c. DATE SIGNED <u>Feb 22, 1954</u>
--	-------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2/23/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove, Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dodge City, Kansas</u>
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>2-23-54</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u> ADDRESS <u>1331-22nd ST. CREEK Kansas City Mo.</u>
---	--	---

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

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

Robert J. Boyer

Licensed Embalmer No. *4892*

P. O. Address *KC 10, 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.