No. 300
10-48

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19820

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 4389 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: OSAGE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LINN
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At his home Linn Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: OSAGE
c. CITY OR TOWN: LINN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0760 0

3. NAME OF DECEASED (Type or Print)
a. (First): Herman
b. (Middle): Edwin
c. (Last): Laughlin

4. DATE OF DEATH (Month) (Day) (Year): June 25 1954

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Oct, 22 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 8, Days 4 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (City and State or Foreign Country): Linn Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James F. Laughlin
13b. MOTHER'S MAIDEN NAME: Belle Ferguson
14. NAME OF HUSBAND OR WIFE: never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S SIGNATURE OR NAME: Mrs Allie Kellogg — ADDRESS: Linn Mo

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) Gelatinous Carcinoma of Coecum — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 153 X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1953, *to* June 25, 1954, *that I last saw the deceased alive on* June 25, 1954, *and that death occurred at* 10 10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. B. Klebba M.D.
23b. ADDRESS: Jefferson City, Mo
23c. DATE SIGNED: 6-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6/27/54
24c. NAME OF CEMETERY OR CREMATORY: Linn Memorial Park
24d. LOCATION (City, town, or county) (State): Linn Mo

DATE REC'D BY LOCAL REG.: June 7 1954
REGISTRAR'S SIGNATURE: Ta [illegible] 235
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde Morton — ADDRESS: Linn Mo

(Licensed Embalmer's Statement on Reverse Side)

760

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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Vernon M. Mont

Licensed Embalmer No. 4.1

P. O. Address Lim

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.