

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35669

State File No. \_\_\_\_\_

8888

Registrar's No. \_\_\_\_\_

FILED OCT 26 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY OR TOWN Pittsfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) Cloyd b. (Middle) Keith c. (Last) Mc Laughlin		4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1954	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 1, 1881	9. AGE (In years last birthday) 72	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William Mc Laughlin	13b. MOTHER'S MAIDEN NAME Sarah Mc Kinney	14. NAME OF HUSBAND OR WIFE Fern Mc Laughlin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Nonw	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fern Mc Laughlin Pittsfield Ill

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of lung (primary site)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease		

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? 1624

22. I hereby certify that I attended the deceased from Sept. 22, 19 54, to Sept. 28 19 54, that I last saw the deceased alive on Sept. 28 19 54, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE C. J. Vermillion, M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 9/29/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-29-54	24c. NAME OF CEMETERY OR CREMATORY Baylis Cemetery
24d. LOCATION (City, town, or county) Baylis Illinois		(State)

DATE REC'D BY LOCAL REG. SEP 30 1954	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Robert M Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*

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.