

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1222

150

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 150
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 town or township) KANSAS CITY		c. LENGTH OF STAY (in this place) 1 yr		c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION 1202-E-17 th St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) MELTON b. (Middle) ALVIN c. (Last) McLAUGHLIN		4. DATE OF DEATH (Month) (Day) (Year) 1-9-1955		
5. SEX 2 MALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH SEPT. 24, 1890	9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRICKLAYER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and State or Foreign Country) COLORADO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ED McLAUGHLIN		13b. MOTHER'S MAIDEN NAME MAMIE	14. NAME OF HUSBAND OR WIFE GRACIE CARTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS GRACIE CARTER, 1310-E-16 th St	
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) Hypertensive Cardiovascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Insufficiency. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 443 ¹ / ₂
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 (Month) (Day) (Year) (Hour) OF INJURY		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 _____, 19____, to _____, 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 L. M. Tillman (Degree or title) M.D.		23b. ADDRESS 1618 Lydia Ave		23c. DATE SIGNED 1/10/55
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1-11-1955	24c. NAME OF CEMETERY OR CREMATORY K.P. OSTEOPATHY COLL.	24d. LOCATION (City, town, or county) (State) K.P., MO
DATE REC'D BY LOCAL REG. 1-11-55		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BROWN-HUDSON K.P., MO

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. M. Tillman

131

Embalmer

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 *Aurora* 9/1/29)

Licensed Embalmer No.

P. O. Address *1708 ...*

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.