

X
No. 300
10. 48

FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8971
State File No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town) Maryville		c. CITY (If outside corporate limits, write RURAL and give township) Guilford - rural	
c. LENGTH OF STAY (In this place) 5 min.		d. STREET ADDRESS (If rural, give location) 3 1/2 miles Northeast	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) VIRGIL F. LAUGHLIN		4. DATE OF DEATH (Month) (Day) (Year) 3 22 55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/20/93
9. AGE (In years last birthday) 61		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (State or foreign country) Nodaway Co., Mo.
			12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alexander C. Laughlin	13b. MOTHER'S MAIDEN NAME Gilla Shepherd	14. NAME OF HUSBAND OR WIFE Mabel Donaldson Laughlin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY (If yes, give war or dates of service) 491-30-8408	17. INFORMANT'S SIGNATURE OR NAME Mrs. Virgil F. Laughlin, Guilford	ADDRESS 140
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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 45 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain hemorrhage		
	ANTECEDENT CAUSES DUE TO (b) Skull fracture Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (c)		E 8234 92	
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 no operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Grant Twp. Nodaway Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 - 12 - 55 6:30 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car left highway near curve near bridge approach

22. I hereby certify that I attended the deceased from not attended March 22, 1955, that I last saw the deceased alive not seen, 1955, and that death occurred at 6:30 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Dean Coronado M.D.	(Degree or title)	23b. ADDRESS Maryville MO	23c. DATE SIGNED 3-24-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/25/55	24c. NAME OF CEMETERY OR CREMATORY Graves	24d. LOCATION (City, town, or county) (State) Guilford, Missouri
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DATE REC'D BY LOCAL REG. 3-26-55	REGISTRAR'S SIGNATURE Ross Holt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 Clem M. Bruce

Licensed Embalmer No. 1822

P. O. Address Maryville 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.