

FILED MAY 16 1955

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. 12033
 1784

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

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Wyoming b. COUNTYoshone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 2 WEEKS	c. CITY OR TOWN TORRINGTON		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3431 Woodland			STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Lucinda c. (Last) McLaughlin			4. DATE OF DEATH (Month) (Day) (Year) April 22, 1955			
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT, 7, 1872	9. AGE (In years last birthday) 82	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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State, or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MARTIN V. BLOUNT		13b. MOTHER'S MAIDEN NAME NANCY JANE ROBERTS		14. NAME OF HUSBAND OR WIFE CHARLES McLAUGHLIN (DEC)		
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. NONE	17. INFORMANT'S SIGNATURE OR NAME K.T.M. ADDRESS CLARENCE W. HERRIN 3431 Woodland			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA (ACIDOSIS) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMATOSIS DUE TO (c) GASTRIC CARCINOMA				INTERVAL BETWEEN ONSET AND DEATH 2 DAYS 6 WEEKS 9 mos. 15 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 OF INJURY (Month) (Day) (Year) (Hour)		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 April 18, 1955, to April 21, 1955, that I last saw the deceased alive on April 20, 1955, and that death occurred at 5:45A m., from the causes and on the date stated above.						
23a. SIGNATURE George K. Landis (Degree or title) George K. Landis, M.D.			23b. ADDRESS 1630 Prof. Bldg.		23c. DATE SIGNED 4/22/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE APRIL 23, 1955	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) TORRINGTON WYOMING		
DATE REC'D BY LOCAL REG. 4-22-55		REGISTRAR'S SIGNATURE new Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS 1331 ADDRESS K.C. MO BRUSH CREEK BLVD			

(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.....
Signature of Student Embalmer

Signed *Basil Honey*.....

Licensed Embalmer No. *472*

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.