

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22260

State File No. ....

3133

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town or town <b>Kansas City</b> )	c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>914 East 76 Terr</b>		STREET ADDRESS (If rural, give location) <b>914 East 76 Terrace</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Thomas</b>	b. (Middle) <b>C.</b>	c. (Last) <b>McLaughlin</b>	<b>July 23 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 20-1889</b>		9. AGE (In years last birthday) <b>66</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Equip &amp; Stores Dept.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clerk Kansas City Pub.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Thomas J. McLaughlin</b>		13b. MOTHER'S MAIDEN NAME <b>Johanna Doran</b>	
14. NAME OF HUSBAND OR WIFE <b>Beulah E. McLaughlin</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>None</b>			
16. SOCIAL SECURITY NO. <b>193-12-5201</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Beulah E. McLaughlin 914 East 76th Terrace</b>			

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		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		ANTECEDENT CAUSES		<b>1 day</b>	
DUE TO (b) <b>Hypertensive heart disease</b>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>8 years</b>	
DUE TO (c) <b>Visceral</b>		II. OTHER SIGNIFICANT CONDITIONS		<b>4201</b>	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		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) (Minute)	
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 June 26, 1955 to July 23, 1955, that I last saw the deceased alive on July 2, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert Jansen</b> (Degree or title)	23b. ADDRESS <b>101 E 63rd St</b>	23c. DATE SIGNED <b>7-23-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-26-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
DATE REC'D BY LOCAL REG. <b>7.23.55</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eyler</b>		ADDRESS <b>1800 E. Linwood</b>	

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

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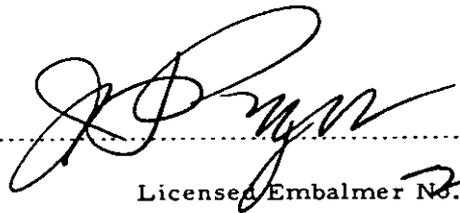
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No..... 29

P. O. Address..... R

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.