

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27044

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3041 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California - West</u>		c. LENGTH OF STAY (in this place) <u>8 wks</u>	c. CITY OR TOWN <u>Latham</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0680</u>	

3. NAME OF DECEASED (Type or Print) <u>LOUIS</u>	a. (First)	b. (Middle)	c. (Last) <u>LAUDEL</u>	4. DATE OF DEATH <u>Aug 26 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 23-1876</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Days <u>2</u>	11. UNDER 14 HRS. Hours <u>3</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmithing</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>High Point Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Marty Lauedel</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Loesch</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie M. Brown Lauedel</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>494-38-2279</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jennie Lauedel</u> ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>151X</u>		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from December 19 53 to August 26, 1955, that I last saw the deceased alive on Aug. 26, 1955, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lionel M. Gallagher M.D.</u> (Degree or title)	23b. ADDRESS <u>California, Mo.</u>	23c. DATE SIGNED <u>8-30-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-27-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Latham Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9, 1, 55</u>	REGISTRAR'S SIGNATURE <u>N L Popey</u>	506-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E Williamson</u> ADDRESS <u>California Mo.</u>
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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 *Hugh E. Williams*.....

Licensed Embalmer No. *353*.....

P. O. Address *California*.....

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.