

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34138

State File No. _____

FILED NOV 14 1955

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>BARNETT</u>		c. CITY OR TOWN <u>Eldon</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2mi N. Barnett. Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>Franklin Township</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ARCHIE</u>	b. (Middle) <u>LESLIE</u>	c. (Last) <u>LAUGHLIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7, 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. 7, 1905</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Factory Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>INTERNATIONAL</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LINN CREEK, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Alonso T. Laughlin</u>	13b. MOTHER'S MAIDEN NAME <u>Maud Mann</u>	14. NAME OF HUSBAND OR WIFE <u>Lou L. Laughlin</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 dates of service)	16. SOCIAL SECURITY NO. <u>398-03-5687</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. L. Laughlin</u>	ADDRESS <u>below</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Unknown</u>		
	DUE TO (c) <u>4201</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) <u>Morgan town Morgan Missouri</u>
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gene J. Dutton</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Versailles, Mo</u>	23c. DATE SIGNED <u>Nov 8-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-9-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>	24d. LOCATION (City, town, or county) (State) <u>Eldon, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-12-55</u>	REGISTRAR'S SIGNATURE <u>L. M. M... 214-</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Phillips</u>	ADDRESS <u>below</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
45

NOV 25 1951

MAR 5 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Louis W. Phillips*.....

Licensed Embalmer No. *36*

P. O. Address *Edg*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.