

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **40700**
5355

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 39 yrs.		c. CITY OR TOWN Kansas City		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 5620 Forest Ave.				STREET ADDRESS (If rural, give location) 5620 Forest Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) Peter		b. (Middle) E.		c. (Last) LAUGHLIN	
4. DATE OF DEATH		(Month) 12		(Day) 6		(Year) 1955	
5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED DIVORCED (Specify) Married		8. DATE OF BIRTH 9-1-1878	
9. AGE (In years last birthday) 77 yrs.		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) Atchison County, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME P. T. Laughlin			13b. MOTHER'S MAIDEN NAME Catherine Ann Purcell			14. NAME OF HUSBAND OR WIFE Neellie M. Laughlin	
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 ADDRESS Norbert Laughlin 6809 Oak St. K. C. Mo.			
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) Cerebrovascular thromboses ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 332X 10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Essential hypertension				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SNICIDE		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) m.		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 _____, 19 <u>53</u> , to <u>Dec 6</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-1</u> , 19 <u>55</u> , and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE A. W. Robinson				23b. ADDRESS M. D. - 4635 W. Yamball St. & Ave		23c. DATE SIGNED Dec 6 '55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-6-1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 12-9-55		REGISTRAR'S SIGNATURE Neve Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Muehlebach Funeral Home Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Robinson

H635 Wagon State

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..... *W. L. Van...*

Licensed Embalmer No. *39*

P. O. Address *308 E. 6th St.*

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.