

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32988

STATE FILE NUMBER

FILED OCT 24 1956

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 320

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Adair</u>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kirksville</u>   |                                  | c. CITY OR TOWN <u>Queen City</u>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>K. O. Hospital</u>  |                                  | d. STREET ADDRESS (If outside, give location) <u>1st St</u>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Clinton</u> Middle <u>A</u> Last <u>Laugherty</u>  |                                  | 4. DATE OF DEATH<br>Month <u>Oct</u> Day <u>15</u> Year <u>'56</u>  |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>    | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>Jan 4 '82</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>retired farmer</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country) <u>Queen City Mo</u>                                |
| 13. FATHER'S NAME <u>Legan Laugherty</u>   |                                  | 14. MOTHER'S MAIDEN NAME <u>Sarah Johnson</u>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |                                  | 16. SOCIAL SECURITY NO. <u>4201</u>   | 17. INFORMANT Address <u>Cassie Yates Queen City</u>   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Peripheral Circulatory collapse</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic uremia Myocardial infarct</u><br>DUE TO (c) <u>Nephrosclerosis</u> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   |                                  |   | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/>   | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____  |                                  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |
| 21. I attended the deceased from <u>10-11-56</u> to <u>10-15-56</u> and last saw her alive on <u>10-15-56</u><br>Death occurred at <u>6:12 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |                                  |   |  |
| 22a. SIGNATURE (Degree or title) <u>W. M. Lambert MD</u>   |                                  | 22b. ADDRESS <u>Kirksville Mo</u>   | 22c. DATE SIGNED <u>10-16-56</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>Oct. 18 '56</u>     | 23c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u>   | 23d. LOCATION (City, town, or county) (State) <u>Queen City Missouri</u>                       |
| 24. FUNERAL DIRECTOR ADDRESS <u>Dorley Fun Home Queen City Mo</u>  |                                  | 25. DATE RECD. BY LOCAL REG. <u>10-21-56</u>  | 26. REGISTRAR'S SIGNATURE <u>Kate Lambert</u>  |

Health, Welfare Public Service  
3000-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. No standard nomenclature in item 18. Vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

---

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 *Robert B. Davis*.....

Licensed Embalmer No. *42*.....

P. O. Address *Sturkville*.....

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