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securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 9 - 1957

STATE FILE NUMBER 9810

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY St. Francois	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Missouri b. COUNTY Ste. Genevieve
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Ste. Genevieve 0951 0 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital #4 — Length of stay in Ib 1m, 4days	d. STREET ADDRESS (If outside, give location) 217 Jefferson — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First MARY	Middle	Last LAUGHLIN	4. DATE OF DEATH	Month Mar.	Day 9,	Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Dec. 27, 1881	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 3	Days 12	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Social Worker	10b. KIND OF BUSINESS OR INDUSTRY and School Teacher		11. BIRTHPLACE (City and state or country) Bedford County, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME James Alvis Laughlin			14. MOTHER'S MAIDEN NAME Sarah Jane McMillon				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. yes- #unk.	17. INFORMANT Records, State Hospital #4, Farmington, Mo.				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral hemorrhage, massive, — — — — — — — — — — — INTERVAL BETWEEN ONSET AND DEATH 5 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hypertensive cardiovascular renal disease — — — Unknown.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 442X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 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 February 5, 1957 to March 9, 1957 and last saw her alive on March 9, 1957

Death occurred at 8:10 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John C. Brennan MD (Degree or title) — 22b. ADDRESS State Hospital No. 4, Farmington, Mo. — 22c. DATE SIGNED 3-9-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 12, 1957	23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery	23d. LOCATION (City, town, or county) Marshall, Missouri (State)
24. FUNERAL DIRECTOR CAMPBELL-LEWIS, MARSHALL, MO.		25. DATE RECD. BY LOCAL REG. Mar. 9 1957	26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

289-0

AUG 5 1957

JAN 29 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jerome A. Stanley

Licensed Embalmer No. 381

P. O. Address Ste Genevie

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