

3. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16881**

FILED MAY 20 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>HOWELL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>WEST PLAINS</b>		c. LENGTH OF STAY (in this place) <b>8 yrs</b>	c. CITY OR TOWN <b>WEST PLAINS</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christa Hogan Hospital</b>		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) <b>114 W. Cleveland</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LOTTIE</b>	b. (Middle) <b>EMERSON</b>	c. (Last) <b>LAFFOON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 6, 1957</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Nov. 22, 1869</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>homemaker</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>New Orleans, La.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Perry Emerson</b>	13b. MOTHER'S MAIDEN NAME <b>Julia Ayers</b>	14. NAME OF HUSBAND OR WIFE <b>Jas. W. Laffoon</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mildred Summers, West Plains, Mo</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Valvular Heart Disease with Decompensation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Intestinal Hemorrhage less than 24 hrs.</b> <b>DUE TO (c)</b>		
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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 **29-8-1957**, to **May 6, 1957**, that I last saw the deceased alive on **May 6, 1957**, and that death occurred at **9:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>West Plains, Mo</b>	23c. DATE SIGNED <b>MAY 11 1957</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>May 8, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Howell Valley Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Howell Twp. Howell Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-13-57</b>	REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hal Shoultz, West Plains, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Kollin H. Smith,

379

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 *Hal Thorough* .....

Licensed Embalmer No. 370

P. O. Address W. Plains

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.