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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1957

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STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2866

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hosp. — Length of stay in 1b 1 month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Blue Springs — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 72 B. Lake Tapawingo — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First WILLIAM Middle Last McLAUGHLIN

4. DATE OF DEATH Month June Day 17 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH August 19, 1864

9. AGE (In years last birthday) 92 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Furnace & Roofing

10b. KIND OF BUSINESS OR INDUSTRY Self Employed

11. BIRTHPLACE (City and state or country) Peoria, Illinois

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Levi McLaughlin

13b. MOTHER'S MAIDEN NAME Mary Moore

14. NAME OF HUSBAND OR WIFE Frances A. McLaughlin

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. None

17. INFORMANT Evelyn McLaughlin, Address Lake Tapawingo, Blue Springs

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) Chronic Pyelo~~nystritic~~ NEPHRITIS c Uremia — INTERVAL BETWEEN ONSET AND DEATH 1 Month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 6000
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 May 19, 1957, to June 17, 1957 and last saw him alive on June 17, 1957
Death occurred at 7:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C.G.Leitch (Degree or title) MD

22b. ADDRESS 1010 Professional Bldg., K.C.Mo

22c. DATE SIGNED 6/18/1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE June 19, 1957

23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery

23d. LOCATION (City, town, or county) Wichita (State) Kansas

24. FUNERAL DIRECTOR ADDRESS D.W.Newcomer's Sons, Kansas City, Missouri

25. DATE RECD. BY LOCAL REG. 6-19-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

C. G. Leitch

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 ..... Signed Robert Ray .....

Signature of Student Embalmer

Licensed Embalmer No. 4182

P. O. Address K. C., Mo

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 this OWN handwriting.

If this body is not embalmed, fact should be so stated above.