

FILED JUL 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH57023218  
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>																			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <u>Washington Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Peculiar</u> 0190		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp #3</u>			Length of stay in lb <u>4 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>unknown</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																
3. NAME OF DECEASED (Type or print) First <u>IDA</u> Middle <u>JAMES</u> Last <u>LAFFOON</u>				4. DATE OF DEATH Month <u>6</u> Day <u>27</u> Year <u>57</u>																			
5. SEX <u>A</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>8/9/1879</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>				11. BIRTHPLACE (City and state or country) <u>Cleveland, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>													
13. FATHER'S NAME <u>James Hutchison</u>						14. MOTHER'S MAIDEN NAME <u>Eliz. Meadows</u>																	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT Address <u>State Hospital #3 records</u>																	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> yrs. DUPLICATE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized Arteriosclerosis</u> yrs. DUPLICATE DUPLICATE } DUE TO (c) <u>4200</u>												INTERVAL BETWEEN ONSET AND DEATH											
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 type="checkbox"/> NO <input checked="" 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.) <u>None</u>																				
20c. TIME OF INJURY Hour a. m. p. m. <u>None</u>			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>12/31/56</u> to <u>6/27/57</u> and last saw her alive on <u>6/27/57</u> Depth occurred at <u>8:45</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE (Degree or title) <u>George Esker M. D.</u>						22b. ADDRESS <u>State Hospital #3</u>						22c. DATE SIGNED <u>6/27/57</u>											
23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>1957</u> <u>June 29</u>			23c. NAME OF CEMETERY OR CREMATORY <u>Local</u>			23d. LOCATION (City, town, or county) (State) <u>Peculiar Missouri</u>														
24. FUNERAL DIRECTOR <u>Ferry Funeral Home Nevada, Missouri</u>						ADDRESS			25. DATE RECD. BY LOCAL REG. <u>7-6-1957</u>			26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>											

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

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**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 *L. Hughes Ferry* .....

Licensed Embalmer No. *79*

P. O. Address *Nevada*

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.