FILED AUG 2 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 23406

Registration District No. 2 Primary Registration District No. 5017 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY Andrew
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Savannah — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 mi S.West — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE missouri b. COUNTY Andrew
c. CITY OR TOWN Rural Savannah — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS 4 mi S.West (If outside, give location) — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Kenneth Middle Floyd Last Laurie
4. DATE OF DEATH Month 7 Day 20 Year 1957
5. SEX male
6. COLOR OR RACE white
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 1-30-1924
9. AGE (In years last birthday) 33 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Andrew Co mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jesse Laurie
14. MOTHER'S MAIDEN NAME Mary Elizabeth Bossom
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. 488-22-5671
17. INFORMANT Mrs. Latona Laurie Address Savannah 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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4261
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 7-20-57 to 7-20-57 and last saw her/him alive on ____
Death occurred at 1 8 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Warren O. Baker (Degree or title) M.D.
22b. ADDRESS Savannah, Missouri
22c. DATE SIGNED 7-23-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-23-1957
23c. NAME OF CEMETERY OR CREMATORY Fillmore
23d. LOCATION (City, town, or county) (State) Fillmore mo

24. FUNERAL DIRECTOR Breit Funeral Home ADDRESS Savannah mo
25. DATE RECD. BY LOCAL REG. 7-27-57
26. REGISTRAR'S SIGNATURE Lillian Sparks

(Licensed Embalmer's Statement on Reverse Side)

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 casually related.

AUG 2 1961

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. C. Breit

Licensed Embalmer No 26.

P. O. Address Savann

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: