FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006791
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Pulaski	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Waynesville, Mo. — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Waynesville, Mo. — Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Waynesville Gen. Hosp — Length of stay in Ib 18 days	d. STREET ADDRESS (If outside, give location) Rural Rt. # 4. — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
Amanda	Josephine	Laughlin.	Feb.	20,	1958

5. SEX	6. COLOR OR RACE	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White.		May 19, 1895	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Housewife.	----------	Phelps Co, Missouri	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
James A. Welch	Sarah Iund.	Francis Orville Laughlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
No		None.	Francis Orville Laughlin	Way, Mo Rt#4

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 days

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

DUE TO (b) Cardio Vascular Renal Disease — 20 yrs

DUE TO (c) Diabetes Mellitus

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Past 3-4 yrs and last saw her/him alive on

Death occurred at 3:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. E. Nichols (Degree or title) — 22b. ADDRESS Waynesville, Missouri — 22c. DATE SIGNED 2-22-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE Feb/23/58 — 23c. NAME OF CEMETERY OR CREMATORY Way. Memorial Cemetery — 23d. LOCATION (City, town, or county) (State) Waynesville, Missouri

24. FUNERAL DIRECTOR Hedges Funeral Home — ADDRESS Waynesville Mo Way, Missouri — 25. DATE RECD. BY LOCAL REG. 2-22-58 — 26. REGISTRAR'S SIGNATURE Eula Faye Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.