

FILED JUL 21 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 723

S. 300
1-57

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MERCY HOSP.		Length of stay in lb 2 YRS.	d. STREET ADDRESS (If outside, give location) 210 W. 68th TERRACE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle M. Last McLAUGHLIN			4. DATE OF DEATH Month JULY Day 18 Year 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 28 1885	9. AGE (In years last birthday) 73	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) HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JERIMIAH FOLEY		13b. MOTHER'S MAIDEN NAME MARY LANIHAM		14. NAME OF HUSBAND OR WIFE JOSEPH H. McLAUGHLIN (DECEASED)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT Address L.R. CHISHOLM KANSAS CITY, MO.		
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>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio sclerosis - cerebral</u> DUE TO (c) <u>331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Frontal Lobectomy - with T. Lempyria (Date ?)</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
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 Death occurred at <u>I A.M.</u> <u>1956</u> to <u>July 18, 1958</u> and last saw her alive on <u>July 15, 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Johnnie J. McPherson</u> (Degree or title)			22b. ADDRESS <u>Springfield</u>		22c. DATE SIGNED <u>7-18-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>7/19/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
24. FUNERAL DIRECTOR <u>H.H. LOHMEYER</u>		ADDRESS <u>SPRINGFIELD, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>7-19-58</u>	26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

embalmer's name, most use only standard nomenclature in item 18. No symptoms will be listed. 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 *Walter E. Hamell*

Licensed Embalmer No. *3808*
P. O. Address *Burgess*

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.