

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033661

STATE FILE NUMBER

FILED SEP 30 1958

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Osage			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Linn		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Linn		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linn Mo		Length of stay in lb Life	d. STREET ADDRESS RFD (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Robert Middle Bruce Last Laughlin			4. DATE OF DEATH Month Sept. Day 22 Year 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 29, 1909	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 7 Days 23 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fire Clay Mining and		10b. KIND OF BUSINESS OR INDUSTRY stock Farmer	11. BIRTHPLACE (City and state or country) Linn Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Clay Laughlin		13b. MOTHER'S MAIDEN NAME Mary Louis Stiesmeyer		14. NAME OF HUSBAND OR WIFE Rosemary Chappee	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or years of service) yes war #11		16. SOCIAL SECURITY NO. 497-01-5811	17. INFORMANT Address Mrs Robt. B. Laughlin Linn 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) Shioblastoma - brain					INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					1930
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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 March 1958 to Sept 22, 1958 and last saw ^{him} alive on Sept 4, 1958 Death occurred at 2:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) L. B. 7 (leblan M.D.)			22b. ADDRESS Jefferson City, Mo		22c. DATE SIGNED 9-23-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9-25-58	23c. NAME OF CEMETERY OR CREMATORY Linn Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Linn MO
24. FUNERAL DIRECTOR Clyde Morton		ADDRESS Linn Mo		25. DATE RECD. BY LOCAL REG. 9/24/58	26. REGISTRAR'S SIGNATURE Mrs. T. A. Dubrouillet

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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OCT 9 1953

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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 *Vernon M. Norton*

Licensed Embalmer No. *4125*
P. O. Address *Linn 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 his OWN handwriting.
If this body is not embalmed, fact should be so stated above.