Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Lane

. Health, & Welfare
. Public
h Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020184
STATE FILE NUMBER

FILED JUN 12 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 124

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Nevada — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) City Hospital — Length of stay in lb 30 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN Nevada — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 942 W. Walnut — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Stewart Middle Jackson Last Lafferty

4. DATE OF DEATH Month May Day 29 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Oct. 23, 1884

9. AGE (In years last birthday) 74 — 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) Retired Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Romney, Ind.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME George Lafferty

13b. MOTHER'S MAIDEN NAME Margaret Roger

14. NAME OF HUSBAND OR WIFE Deceased

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. 493-12-0720

17. INFORMANT Address George Lafferty, Nevada, Missour

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage (Left)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Causing Rt Hemiplegia.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH One month

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none 331x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE none

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year none

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 Nevada COUNTY Vernon STATE Mo

21. I attended the deceased from Apr 29-1959, to May 29-1959 and last saw him alive on May 29-1959
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Love MD

22b. ADDRESS Nevada Mo

22c. DATE SIGNED 6-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE June 1. 1959

23c. NAME OF CEMETERY OR CREMATORY Appleton City Cem.

23d. LOCATION (City, town, or county) (State) Appleton City, Missouri

24. FUNERAL DIRECTOR ADDRESS Melvin L. Janssens, Appleton City, Mo.

25. DATE RECD. BY LOCAL REG. 6/10/ 1959

26. REGISTRAR'S SIGNATURE Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

451

JUN 12 1965

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 Melvin L. Janssen

Licensed Embalmer No. 4529

P. O. Address Appleton City

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.