

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001724

FILED VS FEB 1 1960/49

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. 261

STATE FILE NUMBER

DEED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. Worley

|   |                               |   |  |  |  |   |   |
|---|-------------------------------|---|--|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>   |                               |   | Length of stay in lb<br><u>13 yrs.</u>                     |  | c. CITY OR TOWN <u>Kansas City</u>                                 |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Doctors' Hospital</u>   |                               |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | d. STREET ADDRESS (If outside, give location)<br><u>415 Valentine Rd.</u> |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Charles</u> Middle <u>E.</u> Last <u>McLaughlin</u>   |                               |   |  | 4. DATE OF DEATH<br>Month <u>January</u> Day <u>14</u> Year <u>1960</u>  |  |   |   |
| 5. SEX<br><u>M</u>  | 6. COLOR OR RACE<br><u>Wh</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>11-25-1882</u>                      | 9. AGE (last birthday)<br><u>77</u>  | IF UNDER 1 YEAR<br>Months _____ Days _____                         | IF UNDER 24 HR<br>Hours _____ Min. _____                                  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Service Station</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Dodge City, Kansas</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>U.S.A</u>   |  | 12. CITIZEN OF WHAT COUNTRY   |   |
| 13a. FATHER'S NAME<br><u>Everett McLaughlin</u>   |                               |   | 13b. MOTHER'S MAIDEN NAME<br><u>Not Known</u>              |  | 14. NAME OF HUSBAND OR WIFE<br><u>Maude M. McLaughlin</u>          |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |                               | 16. SOCIAL SECURITY NO.<br><u>-</u>   |  | 17. INFORMANT<br>Address<br><u>Mrs. Maude M. McLaughlin--415 Valentine R</u>   |  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Left handle screwdriver</u><br>DUE TO (b) <u>Cardiac Strain</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Emphysema</u> |                               |   |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |                               | 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<br>COUNTY _____ STATE _____                  |   |
| 21. I attended the deceased from <u>7/3/60</u> to <u>1/14/60</u> and last saw her/him alive on <u>1/14/60</u><br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.   |                               |   |  |  |  |   |   |
| 22a. SIGNATURE<br><u>W. Worley</u> (Degree or title) <u>D.O.</u>  |                               |   |  | 22b. ADDRESS<br><u>336 West 36th St</u><br><u>Kansas City, Mo</u>  |  | 22c. DATE SIGNED<br><u>1/15/60</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                               | 23b. DATE<br><u>1-16-60</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park</u> |  | 23d. LOCATION (City, town, or county)<br><u>Kansas City Kansas</u> |   |   |
| 24. FUNERAL DIRECTOR<br><u>Gibson &amp; Son</u> ADDRESS <u>Kansas City Kansas</u>   |                               |   | 25. DATE RECD. BY LOCAL REG.<br><u>1-16-60</u>             |  | 26. REGISTRAR'S SIGNATURE<br><u>Meva Marshall</u>                  |   |   |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Phil Gibson

Licensed Embalmer No. 313

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.