

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS FEB 23 1960

-60-007448

Registration District No. 257 Primary Registration District No. 4389 Registrar's No. 8

STATE FILE NUMBER

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		Length of stay in 1b LIFE		c. CITY OR TOWN LINN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HIS HOME			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SAMUEL Middle LEVI Last LAUGHLIN				4. DATE OF DEATH Month February Day 15 Year 1960					
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 8/16/1874	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer ---river worker			10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) Chamois Mo		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Homer Laughlin			13b. MOTHER'S MAIDEN NAME Martha Blunt			14. NAME OF HUSBAND OR WIFE Christine Strope Laughlin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 492-12-4952		17. INFORMANT Mrs S.L. Laughlin		Address 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) Medullary failure								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Generalized carcinomatosis, primary site prostate							
		DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? 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 Hour _____ a.m. _____ p.m.	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		COUNTY		STATE	
21. I attended the deceased from June 1959 , to February 1960 and last saw ^{her} him alive on February 14, 1960 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) <i>Samuel W. Baldwin D.O.</i>				22b. ADDRESS Linn, Missouri			22c. DATE SIGNED 2/15/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2/17/60	23c. NAME OF CEMETERY OR CREMATORY St George Cemetry			23d. LOCATION (City, town, or county) Linn MO			
24. FUNERAL DIRECTOR Clyde Morton			ADDRESS Linn Mo		25. DATE RECD. BY LOCAL REG. 2-16-60		26. REGISTRAR'S SIGNATURE <i>Mrs. Lolydi Maston</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS MAR 2 - 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Vernon M. Noote

Licensed Embalmer No. 4125

P. O. Address Lincoln

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.