

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019480

FILED VS JUN 15 1960

149

Registration District No. Primary Registration District No. 1002 Registrar's No. 2875

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>CASS</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>2 day</b>		c. CITY OR TOWN <b>Cleveland</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity Lutheran</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Cleveland</b>	
3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>Laffoon</b> Last <b>Laffoon</b>				4. DATE OF DEATH Month <b>MAY</b> Day <b>25</b> Year <b>1960</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-4-1905</b>	
9. AGE (last birthday) <b>54</b>		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) <b>self-employed</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Garage</b>		11. BIRTHPLACE (City and state or country) <b>Cleveland, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>				13a. FATHER'S NAME <b>Robt. E. Laffoon</b>		13b. MOTHER'S MAIDEN NAME <b>Ammande Hall</b>	
14. NAME OF HUSBAND OR WIFE <b>Mabel Laffoon</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>WWII</b>			
16. SOCIAL SECURITY NO. <b>494-12-7253</b>				17. INFORMANT Address <b>Mabel Laffoon Cleveland Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PERITONITIS, acute</b>						INTERVAL BETWEEN ONSET AND DEATH <b>24-hr</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Ruptured sigmoid colon</b>						<b>24-hr</b>	
DUE TO (c) <b>Ulcerated colitis</b>						<b>2-3 gm</b>	
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 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.		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 <b>1958</b> to <b>MAY 25, 1960</b> and last saw him <sup>live</sup> on <b>MAY 24, 1960</b> Death occurred at <b>1:10</b> A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Mabel Laffoon</b>				22b. ADDRESS <b>North Kansas City, Mo</b>		22c. DATE SIGNED <b>5-25-60</b>	
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-27-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Cleveland</b>		23d. LOCATION (City, town, or county) (State) <b>Cleveland Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Myers Funeral Home Cleveland Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>5-27-60</b>		26. REGISTRAR'S SIGNATURE <b>Ieva Trinsball</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF ROBERT H. HODGE

JUN 15 190

**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 George A. Jackson

Licensed Embalmer No. 5059

P. O. Address KC 387

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: