

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019484

FILED VS MAY 27 1960

2655

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2655

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Jackson</u>
Length of stay in lb <u>63 Yrs</u>		c. CITY OR TOWN <u>Kansas City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lewellen Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>2121 E 83rd St</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First <u>WILLIAM</u> Middle <u>HENRY</u> Last <u>LAUGHLIN</u>	Month <u>May</u> Day <u>12</u> Year <u>1960</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/25/1874</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Baker</u>	11. BIRTHPLACE (City and state or country) <u>Logan Co Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Bartley Laughlin</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Waters</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-03-6169</u>	17. INFORMANT <u>Ethel Baile</u> Address <u>1320 E 36th St Kansas City Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u>	<u>8 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>	<u>8 years</u>
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
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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.)
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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
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21. I attended the deceased from 1-1-60 to 5-12-60 and last saw her/him alive on 5-12-60
 Death occurred at 2 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Frank Paul Lawrence MD</u>	22b. ADDRESS <u>428 S. White Ave</u>	22c. DATE SIGNED <u>5-12-60</u>
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23a. BURIAL CREMATION? REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 14 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Mary's Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Sheil Funeral Home Kansas City Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-14-60</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>
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DOCUMENT

BY AFFIDAVIT OF Frank Paul Lawrence MD MEDICAL CERTIFICATION

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 Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address K. C. M.

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.