URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 15 1960

-60-025925
STATE FILE NUMBER

ENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 841

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b: 15 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 711 Concord Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HARVEY Middle WOODSON Last LAUGHLIN

4. DATE OF DEATH Month August Day 5 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/20/1891
9. AGE (last birthday) 68 yrs.
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) Ret. Engineer
10b. KIND OF BUSINESS OR INDUSTRY School District
11. BIRTHPLACE (City and state or country) Guilford, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Alexander Laughlin
13b. MOTHER'S MAIDEN NAME Gilla Shepard
14. NAME OF ~~HUSBAND OR~~ WIFE Mrs. Otha Laughlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ——————
16. SOCIAL SECURITY NO. 493-14-7048
17. INFORMANT Mrs. Otha Laughlin, Address 711 Concord Street, St. Joseph, Mo.

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)	Azotemia	3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Nephritis	months
DUE TO (c)	Arteriosclerosis	years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pneumonitis right lower lobe

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ 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 COUNTY STATE

21. I attended the deceased from 8-1-60, to 8-5-60 and last saw ~~XX~~ him alive on 8-4-60
Death occurred at 4:15 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Allen Sherman (Degree or title) M.D.
22b. ADDRESS 706 Francis St. Joseph, Mo.
22c. DATE SIGNED 8-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/8/1960
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) St. Joseph (State) Missouri

24. FUNERAL DIRECTOR Hamer Funeral Home (GAS) ADDRESS St. Joseph, Mo
25. DATE RECD. BY LOCAL REG. Aug 8, 1960
26. REGISTRAR'S SIGNATURE Mrs. Clark Hardell

(Licensed Embalmer's Statement on Reverse Side) 8-8-60

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

A. L. Herman M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles E. Bennett

Signature of Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St Joseph M

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