

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-029529**

FILED VS AUG 29 1960

10 Primary Registration District No. 3002 Registrar's No. 195

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>											
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Length of stay in 1b <b>34 Yrs.</b>		c. CITY OR TOWN <b>Mexico</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>Audrain County Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>507 East Monroe</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>William</b> Last <b>LAFFOON</b>				4. DATE OF DEATH Month <b>August</b> Day <b>18</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>8-27-1880</b>		9. AGE (last birthday) <b>79</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>Harness Maker</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Leather Work</b>		11. BIRTHPLACE (City and state or country) <b>Liberty, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>							
13a. FATHER'S NAME <b>Wm. H. Laffoon</b>				13b. MOTHER'S MAIDEN NAME <b>Mattie McCabe</b>				14. NAME OF HUSBAND OR WIFE <b>Zada Laffoon</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>487-40-7645</b>		17. INFORMANT <b>Mrs. Zada Laffoon, 507 East Monroe, Mexico, 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>Cerebral Thrombosis</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>16 days</b> <b>10 years</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 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>8-2-60</b> to <b>8-18-60</b> and last saw him alive on <b>8-18-60</b> Death occurred at <b>12:15</b> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <b>[Signature]</b> (Degree or title)						22b. ADDRESS <b>Mexico Mo</b>						22c. DATE SIGNED <b>8-18-60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 20, 60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>Excelsior Springs, Mo.</b>							
24. FUNERAL DIRECTOR <b>Arnold Funeral Home</b>				ADDRESS <b>500 S. Washington</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 19-1960</b>		26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Leo G. White

Licensed Embalmer No. 4780

P. O. Address Mobile, Ala.

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.