RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 29 1960

60-030668

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4190

DED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 54 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1322 Monroe Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: HENRY Middle: G. Last: MC LAUGHLIN

4. DATE OF DEATH: Month: 8th Day: 14th Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4/2/80

9. AGE (last birthday): 80

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): Upholster

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Salamanca, New York

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Edward McLaughlin

13b. MOTHER'S MAIDEN NAME: Oliva Enis

14. NAME OF HUSBAND OR WIFE: Sue McLaughlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Sue McLaughlin (Wife) Address: VA HOSPITAL OFFICIAL RECORDS, K.C.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): massive retroperitoneal and intraperitoneal hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): ruptured aneurysm of distal abdominal aortic aneurysm

DUE TO (c): atherosclerosis of distal abdominal aorta

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. ☐ 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. VA attended the deceased from 8-13-60, to 8-14-60

Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Thomas T. Fritzlen, M.D. (Degree or title)

22b. ADDRESS: VA Hospital, K. C. Mo.

22c. DATE SIGNED: 8/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8 17 60

23c. NAME OF CEMETERY OR CREMATORY: Floral Hills

23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR: Floral Hills Mem. Chapels, Inc ADDRESS: K.C.Mo

25. DATE RECD. BY LOCAL REG.: 8-15-60

26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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