MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-046703
STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3625 Registrar's No. 206

FILED DEC 26 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0465		
2	3460		
3			
4	1		
5	1		
6			
7	1		
8	0		
9	445X		
10			
11			
12	5-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: West Plains — Length of stay in 1b: hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: W. P. Memorial Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Howell
c. CITY OR TOWN: West Plains — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First May Middle Bell Last Laughery

4. DATE OF DEATH: Month December Day 12 Year 1962

5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-14-1904
9. AGE (last birthday): 58 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (City and state or country): Turley, Okla.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John W. Spurgeon
13b. MOTHER'S MAIDEN NAME: Hannah Chandler
14. NAME OF HUSBAND OR WIFE: Jacob Laughery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Jacob Laughery, West Plains, Mo. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Malignant hypertension — 6 mos
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. ☐ 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 October 1962 to 12/12/62 and last saw her alive on 12/12/62
Death occurred at 5:45 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. L. Fowler (Degree or title) MD
22b. ADDRESS: West Plains, Mo.
22c. DATE SIGNED: 12-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 12-14-62
23c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
23d. LOCATION (City, town, or county) (State): West Plains, Mo.

24. FUNERAL DIRECTOR ADDRESS: Robertson's West Plains, Mo.
25. DATE REC'D BY LOCAL REG.: 12-26-62
26. REGISTRAR'S SIGNATURE: Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

Fowler

JAN 9 1963

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed D A Robertson

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

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.