

MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3508 State File No. 16224

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4213 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>4 Mi West of Deepwater</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Mi West of Deepwater</u>		d. STREET ADDRESS (If rural, give location) <u>4 Mi West of Deepwater</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) <u>J</u> c. (Last) <u>Laudes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-18-1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>8-1-1881</u>		9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR IF UNDER 15 HRS. (Month) (Day) (Year) (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles McLaudes</u>		13b. MOTHER'S MAIDEN NAME <u>Emma L. Bridges</u>	
14. NAME OF HUSBAND OR WIFE <u>Paul Laudis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ray Laudis</u>		17. ADDRESS <u>Deepwater Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		DUE TO (b) <u>Arterio sclerosis</u>		<u>4 mo</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Arterio-sclerotic psychosis</u>		<u>4 mo</u>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
19c. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan 9, 1952</u> , to <u>May 18, 1952</u> , that I last saw the deceased alive on <u>May 18, 1952</u> , and that death occurred at <u>10:45 P. M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>W. E. Baggerly MD</u> (Degree or title)		23b. ADDRESS <u>Montrose Mo</u>		23c. DATE SIGNED <u>5-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-22-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leaves Chapel</u>	
24d. LOCATION (City, town, or county) (State) <u>Henry Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sietman Dunning</u>		ADDRESS <u>Clinton Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 22 52</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		422	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 .....  
Student Embalmer

Signed Robert Lanning

Licensed Embalmer No. 4210

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.