

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4479

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5469 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY GRUNDY
b. CITY OR TOWN FRANKLIN TOWNSHIP
c. LENGTH OF STAY (In this place) RURAL
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY GRUNDY
c. CITY OR TOWN RURAL
d. STREET ADDRESS FRANKLIN TOWNSHIP 0400

3. NAME OF DECEASED (Type or Print)
a. (First) LOREN
b. (Middle) MSLAUGHLIN
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)
FEB 2 1956

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH AUG 26 1875

9. AGE (In years last birthday) 80
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
11. BIRTHPLACE (State or foreign country) MERCER CO. MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHARLES McLAUGHLIN

13b. MOTHER'S MAIDEN NAME LAVINA COLDIRON

14. NAME OF HUSBAND OR WIFE

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
STELLA MARTIN TRENTON MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Suble

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4201

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., to 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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1925, to Feb 20, 1956, that I last saw the deceased alive on Jan 20, 1956; and that death occurred at 4:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. McLean MD

23b. ADDRESS Trenton MO

23c. DATE SIGNED 2/4/56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE FEB-5-1956

24c. NAME OF CEMETERY OR CREMATORY MASONIC CEM

24d. LOCATION (City, town, or county) (State) SPICKARD MO.

DATE REC'D BY LOCAL REG. 2-20-56

REGISTRAR'S SIGNATURE Clyde A. Budget

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCHOOLER FUNERAL HOME SPICKARD MO.

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Ross Wise*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3771.....

P. O. Address *Spickard 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.