

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20991

State File No. ....

FILED JUL 2 1956

No. 300  
10.48

0512

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>8032</u>		Registrar's No. <u>78</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Johnson</u>		b. STATE <u>Missouri</u>		b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY OR TOWN <u>Warrensburg</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>801 S. Maguire</u>				e. STREET ADDRESS (If rural, give location) <u>801 S. Maguire</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Katherine</u>	b. (Middle) <u>L</u>	c. (Last) <u>Baile</u>	(Month) <u>June</u>	(Day) <u>12</u>	(Year) <u>1956</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/14/1882</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 Hrs. _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>George Laughman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Metz</u>		14. NAME OF HUSBAND OR WIFE <u>Clifton A. Baile</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clifton A. Baile, Warrensburg, Missouri</u>					
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>Myocardial Infarction</u>						<u>10 minutes</u>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. ANTECEDENT CAUSES						
	DUE TO (b) <u>Coronary Thrombosis</u>					<u>10 minutes</u>	
	DUE TO (c) <u>Coronary Atherosclerosis</u>						
	III. OTHER SIGNIFICANT CONDITIONS						
	Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Cardiac Decompensation</u>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						<u>4 201</u>	
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) (m.)	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>4-26-1955</u> to <u>4-20-1956</u> that I last saw the deceased alive on <u>4-20-1956</u> and that death occurred at <u>11:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Keith D. Jones, M.D.</u>				23b. ADDRESS <u>Warrensburg, Mo</u>		23c. DATE SIGNED <u>6-14-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/15/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Leeton, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>June 18, 1956</u>	REGISTRAR'S SIGNATURE <u>Savannah C. Hutchins</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R.A. Brauninger, Warrensburg, Mo</u>			

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

170

REC'D  
JUN 25 1904  
JOHNSON COUNTY NEA

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 *Laurence J. Thompson*

Licensed Embalmer No. *472*

P. O. Address *Warrensburg*

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.