

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016163

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2381 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1  
2 815  
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4 0  
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8 2  
9 9294  
10 42  
11 815  
12 82-3  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
MEDICAL CERTIFICATION  
PHYSICIAN OR OTHERS

**FILED MAY 6 1963**

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 DOA  
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Kansas b. COUNTY Johnson  
c. CITY OR TOWN Fairway Inside Limits Yes  No   
d. STREET ADDRESS (if outside, give location) 3620 Wyncote Lane Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Douglas Middle Marston Last McLaughlin 4. DATE OF DEATH Month April Day 21 Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Oct. 18, 1959 9. AGE (last birthday) 3 IF UNDER 1 YEAR Months 3 IF UNDER 24 HR Days 3 Hours 3 Min. 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 10b. KIND OF BUSINESS OR INDUSTRY Child 11. BIRTHPLACE (City and state or country) Kansas City, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Gene R. McLaughlin 13b. MOTHER'S MAIDEN NAME Elizabeth Berry 14. NAME OF HUSBAND OR WIFE Never Married

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. [redacted] 17. INFORMANT Address Carl M. Berry, 5535 Falmouth Fairway, Kansas

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Death by Drowning  
DUE TO (b) Fairway, Kansas  
DUE TO (c) [redacted]  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [redacted]  
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.) Fell into swimming pool

20c. TIME OF INJURY Hour 4 Month 21 Day 63 a.m. p.m. 4-21-63

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) 3707 Wyncote Lane Shawnee within Johnson Kansas 20f. CITY, TOWN, OR LOCATION Kansas City, Mo. STATE Kansas

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw him alive on \_\_\_\_\_ Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Douglas A. Owens Coroner 22b. ADDRESS 152 Union Station 22c. DATE SIGNED 4-23-63

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Entombment 23b. DATE 4-22-63 23c. NAME OF CEMETERY OR CREMATORY Forest Hill Abbey 23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo. ADDRESS 4-22-63 25. DATE RECD. BY LOCAL REG. 4-22-63 26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

69.

**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 Tracy M<sup>c</sup>Curdy  
Licensed Embalmer No. 5125

P. O. Address Kansas City, 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.

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