

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027617

STATE FILE NUMBER

Registration District No. 70 Primary Registration District No. 2/24 Registrar's No. 37

FILED JUL 31 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0230

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kahoka</u>		Length of stay in 1b <u>1 yr.</u>	c. CITY OR TOWN <u>Kahoka, Mo.</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Walker Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>160 1/2 N. Washington,</u>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>W.</u> Last <u>McLaughlin</u>		4. DATE OF DEATH Month <u>July</u> Day <u>20</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-23-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Concery Store</u>	9. AGE (last birthday) <u>83</u>
11. BIRTHPLACE (City and state or country) <u>Viola, Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Oscar McLaughlin</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Harey</u>	
14. NAME OF HUSBAND OR WIFE <u>Allie McLaughlin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, <u>no</u> unknown) (If yes, give war or dates of serv)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>David McLaughlin, Kahoka, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary failure</u> <u>Thrombotic encephalomalacia</u> DUE TO (b) <u>hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>months</u> <u>weeks</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
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 <u>1-30-59</u> to <u>7-20-63</u> and last saw him alive on <u>7-20-63</u> Death occurred at <u>3:25 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. L. Willis, MD</u>		22b. ADDRESS <u>Kahoka, Mo.</u>	
22c. DATE SIGNED <u>7-26-63</u>		23. LOCATION (City, town, or county) (State) <u>Kahoka, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 22, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Kahoka Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kahoka, Missouri</u>	
24. FUNERAL DIRECTOR <u>Rarle Shaffer F. H. Kahoka, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>July 29, 1963</u>	
26. REGISTRARS SIGNATURE <u>[Signature]</u>			

USE BLACK INK OR TYPEWRITER RIBBON

1463
1579

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. Schaffer*

Licensed Embalmer No. 5063

P. O. Address Kokomo, 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.