

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036952
STATE FILE NUMBER

FILED NOV 13 1958

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 159

CORRECTED BY AFFIDAVIT OF DEFENSE 12-22-58 882
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with definite cause. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Yazette Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEBANON		c. CITY OR TOWN Rogers	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Louise G. Wallace		d. STREET ADDRESS (If outside, give location) 122 W. Cherry	
3. NAME OF DECEASED (Type or print) First ERVIN Middle E. Last LAUGHLIN		4. DATE OF DEATH Month Nov. Day 7, Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 4, 1932
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) trucker		10b. KIND OF BUSINESS OR INDUSTRY transportation	11. BIRTHPLACE (City and state or country) Benton County, Ark.
13a. FATHER'S NAME Martin Laughlin, Sr.		13b. MOTHER'S MAIDEN NAME Neva Mary Dye	14. NAME OF HUSBAND OR WIFE Delores Laughlin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes 1942-44		16. SOCIAL SECURITY NO. 456-48-7913	17. INFORMANT Address J. J. Huff - Springdale, Arkansas
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracranial Trauma (accident)			INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Crushing injury Chest			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Automobile Accident	
20c. TIME OF INJURY Hour 2:45 a.m. Month, Day, Year 11 7 1958 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy 66-		20f. CITY, TOWN, OR LOCATION LACLEDE MO.	
21. I attended the deceased from 245a 11/7/58 , to 5 am 11/7/58 and last saw him alive on 11/7/58 Death occurred at 5 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. H. Johnson (Degree or title) MA		22b. ADDRESS Lebanon, Mo	
22c. DATE SIGNED 11-7-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-11-58	23c. NAME OF CEMETERY OR CREMATORY Roller Cemetery	23d. LOCATION (City, town, or county) (State) McDonald County, Mo
24. FUNERAL DIRECTOR H. D. Shultz ADDRESS 122 W. Cherry		25. DATE RECD. BY LOCAL REG. 11-8-1958	26. REGISTRAR'S SIGNATURE Hella S. Gray

NOV 18 1958
NOV 17 1958
DEC 20 1958

NOV 12 1958

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 *George J. [Signature]*

Licensed Embalmer No. *2161*
P. O. Address *Nith Sun No*

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.