

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0027860

DEPARTMENT OF PUBLIC HEALTH AND VETERINARY AFFAIRS

Registration District No. 293 Primary Registration District No. 4364 Registrar's No. 41 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10730
20600
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>NEWTON</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MCDONALD</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STELLA</u> | | Length of stay in 1b <u>2 DAYS</u> | c. CITY OR TOWN <u>ANDERSON</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF THE NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CARDWELL MEMORIAL</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>RT. #3</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>NAOMI ESTHER LAUGHLIN</u> | | | 4. DATE OF DEATH Month Day Year <u>7 5 1964</u> |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3/28/1875</u> |
| 9. AGE (last birthday) <u>89</u> | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOMEMAKING</u> | 11. BIRTHPLACE (City and state or country) <u>WHEATON, MO.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | | | |
| 13a. FATHER'S NAME <u>W. F. MOORE</u> | | 13b. MOTHER'S MAIDEN NAME <u>HARRIET PATTON</u> | 14. NAME OF HUSBAND OR WIFE <u>DECEASED 1940</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address |
| 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>Hydrostatic Pneumonia</u> DUE TO (b) <u>Paralysis - L. side</u> DUE TO (c) <u>Cerebral Vascular Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Seculitis & Atherosclerosis</u> | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input 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.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from <u>1961</u> to <u>July 5, 1964</u> and last saw her alive on <u>July 7, 1964</u> Death occurred at <u>11:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Deceased or title) <u>[Signature]</u> | | 22b. ADDRESS <u>Fansville Mo.</u> | 22c. DATE SIGNED <u>7-31-64</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>7/9/64</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>ROLLER CEMETERY</u> | 23d. LOCATION (City, town, or county) (State) <u>MCDONALD Co., MO.</u> |
| 24. FUNERAL DIRECTOR <u>DOUG MOONEY ~ ANDERSON, MO.</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>8-3-64</u> | 26. REGISTRAR'S SIGNATURE <u>Micraed Moberly</u> |

AUG 1 0 1964

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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

Vaughan G. Maney

Licensed Embalmer No.

5199

P. O. Address

Anderson, 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.