

FILED FEB 18 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124 69-008053

CERTIFICATE OF DEATH

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 122

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

9. 1
10a. 8A
10b.
11. 0
12. 2
13. 4270
14. 4
15. 4
16.
17.
18. 2
19. CREDITS
20. 1-0

4. 0230
5. 01

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

60600

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. MARGARET CIVILLA LAUGHLIN			Female	3. Feb. 5-1969		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. white		5a. 82	5b. MOS. DAYS	5c. HOURS MIN.	6. July 7-1886	
CITY, TOWN, OR LOCATION OF DEATH			7a. Newton			
7b. Stella			7c. yes			
7d. MISSOURI			7e. CARDWELL-MEMORIAL HOSPITAL			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri		9. U.S.A.		10. widowed		11.
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. 512-26-9978A			13. Housewife		13b.	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		14a. No.
14. Missouri		14b. McDonald		14c. Rocky Comfort		14d. No.
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. Tracy Wade			16. Sarah Scott			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17. Clyta Watson			17b. Rocky Comfort - RFD # No. 64861			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) Hypoxia						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Cardiac Arrest						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Congestive Heart Failure						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)						AUTOPSY (YES OR NO)
Lobar Pneumonia, Intestinal Obstruction						19b. No
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (I9b.)						19c. N/A
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.)
20a. N/A		20b. N/A		20c. N/A		20d. N/A
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		STREET OR R.F.D. NO., CITY OR TOWN, STATE
20e. N/A		20f. N/A		20g. N/A		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM			MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON	
21a. 3 1 68			21b. 2-5-69		21c. 2-5-69	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD	
22a.			12:35p.m.		22b. 2 5 69	
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. W.D. Galvin D.O.			23b. W.D. Galvin D.O.		23c. 2-14-69	
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.		CITY OR TOWN STATE	
23d. P.O. Box 447			23e. Noel		23f. Mo. 64854	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME			LOCATION CITY OR TOWN STATE	
24a. Burial		24b. Roller			24c. Rural Washburn Mo.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. Feb 7-1969		24e. McQueen Funeral Home, Wheaton Mo 64874.				
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. Mrs B.L. McQueen			25b. Madeline Moberly		26b. 2-15-69	

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 Paul D Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville 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.