

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27044

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3041</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California - Wether</u>		c. LENGTH OF STAY (in this place) <u>8 wks</u>		c. CITY OR TOWN <u>Latham</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>0680</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>LAUDEL</u> c. (Last) <u>LAUDEL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 23-1876</u>	
9. AGE (In years last birthday) <u>79</u>		10. MONTH <u>2</u> DAY <u>3</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>High Point Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmithing</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>Marty Lau-del</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Loesch</u>	
13c. NAME OF HUSBAND OR WIFE <u>Jennie M. Brown Lau-del</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		15. SOCIAL SECURITY NO. <u>494-38-2279</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jennie Lau-del</u>	
17. ADDRESS <u>151X</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>December 1953</u> to <u>August 26, 1955</u> , that I last saw the deceased alive on <u>Aug. 26, 1955</u> , and that death occurred at <u>7:10 p.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Lionel M. Gallagher M.D.</u> (Degree or title) _____	
23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>8-30-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-27-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hiland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Latham Mo.</u>		DATE REC'D BY LOCAL REG. <u>9, 1, 55</u>		REGISTRAR'S SIGNATURE <u>H L Popey</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E Williamson</u>		ADDRESS <u>California Mo.</u>		(Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No. 353

P. O. Address. California

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.