

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037186

State File No. ....

FILED OCT 20 1958

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| BIRTH NO. ....  |  | REG. DIST. NO. <u>224</u>   |  | PRIMARY REG. DIST. NO. <u>304</u>   |  | Registrar's No. <u>95</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Moniteau</u><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Calistonia</u><br>c. LENGTH OF STAY (In this place)<br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LATHAM Hosp.</u>                                    |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Calistonia</u><br>d. STREET ADDRESS <u>0651</u> (If rural, give location) |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>BLANCHE</u><br>b. (Middle) <u>LAUGHLIN</u><br>c. (Last) <u>ALLEE</u>  |  | 4. DATE OF DEATH<br>(Month) <u>Oct.</u> (Day) <u>12</u> (Year) <u>1958</u>  |  | 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   |  | 8. DATE OF BIRTH <u>July-19-1901</u>  |  | 9. AGE (In years last birthday) <u>57</u>   |  | 10. IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u>  |  |
| 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>No</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>Linn Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>Robert E. Laughlin</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Laura Biolet</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>HARRY ALLEE</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>No</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Harry Allee Calistonia Mo</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>INFLUENZA</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>8 HRS.</u><br><br><br><br><br><br><br><br><br><br><u>3 DAYS.</u> |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY? <u>2</u><br>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)<br><u>4201</u>  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |  | 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>July</u> , 19 <u>54</u> , to <u>Oct 12</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>Oct 12</u> , 19 <u>58</u> , and that death occurred at <u>12:55 p.m.</u> , from the causes and on the date stated above. |  |   |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>Leon M. Deaughner M.D.</u>  |  |   |  | 23b. ADDRESS <u>California Mo.</u>  |  | 23c. DATE SIGNED <u>10-13-58</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>10-14-1958</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Calistonia Mo</u>                                      |  |
| DATE REC'D BY LOCAL REG. <u>10/14/58</u>  |  | REGISTRAR'S SIGNATURE <u>Robert L. Poffey</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Helman</u>  |  | ADDRESS <u>California Mo</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

0681

NOV 13 1958

OCT 27 1958

OCT 17 1958

OCT 8 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 .....  
Student Embalmer

Signed

*Hugh E. Williams*  
Licensed Embalmer No. 3537

P. O. Address California 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 this body is not embalmed, fact should be so stated above.