

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0006413

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1092 Registrar's No. 1095

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF William W. Thompson

1. PLACE OF DEATH
a. COUNTY Jacksonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in 1b
18 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lakeside HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jacksonc. CITY OR TOWN Raytown Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
8915 E. 72nd Street Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First ROBERT

Middle S

Last LAUGHLIN

4. DATE OF DEATH February 25 1967

5. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒8. DATE OF BIRTH
6-23-19169. AGE (last birthday)
50IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Engineer (Maintenance)10b. KIND OF BUSINESS OR INDUSTRY
Jackson Co. Annex11. BIRTHPLACE (City and state or country)
Jefferson City, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

V. G. Laughlin

13b. MOTHER'S MAIDEN NAME

Ethel Carver

14. NAME OF HUSBAND OR WIFE

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
-17. INFORMANT Address
Mrs. Ethel Laughlin, 8915 E. 72nd St. Raytown18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH
4 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Peritonitis

12 days

DUE TO (c)

Perforated Diverticulitis (Acute)

12 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertensive Pneumonia (Active T.B.)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

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, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

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 3-6-64 to 2-25-67 and last saw him alive on 11 A. Death occurred at 11 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. W. Thompson

22b. ADDRESS

6218 Prospect St. Mo

22c. DATE SIGNED

2-25-67

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

Feb. 25, 1967

23c. NAME OF CEMETERY OR CREMATORY

Masonic Cemetery

23d. LOCATION (City, town, or county) (State)

California

Missouri

24. FUNERAL DIRECTOR

3235 Gillham Plaza
Stine & McClure, Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.

2-26-67

26. REGISTRAR'S SIGNATURE

Bertha Finley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Rev William H Thompson
6218 Prospect Ave

Dec 3-7126

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 Harry H. Kaufman

Licensed Embalmer No. 5353

P. O. Address Lee's Summit, 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.