

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5517

5796 State File No.

BIRTH NO. FILED MAR 2 1954 REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3446 Registrar's No. 22

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 OR TOWN <u>Rural - Walker</u>		c. CITY OR TOWN <u>California</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0680</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BALERIKS</u> b. (Middle) <u>GARFIELD</u> c. (Last) <u>Laughlin</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>22</u> (Year) <u>1954</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>Sept 30 1881</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroading</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>State of Washington</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George Laughlin</u>	13b. MOTHER'S MAIDEN NAME <u>Cecilia Vaughan</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Laughlin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>Spanish American</u>		16. SOCIAL SECURITY NO. <u>331X</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ethel Laughlin</u>		ADDRESS <u>California Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		DUPLICATE (b) <u>Generalized arteriosclerosis</u>		<u>1 hour</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c)		<u>11 years</u>
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) m.	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 Aug 4, 1950, to Feb 22, 1954, that I last saw the deceased alive on Feb 22, 1954, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kenneth Latham</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>California, Mo.</u>	23c. DATE SIGNED <u>2-24-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 24 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u> ADDRESS <u>California Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/27/54</u>	REGISTRAR'S SIGNATURE <u>N L Papey</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 10 1904

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 *Hugh E. Hillman*

Licensed Embalmer No. 353

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.