

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18115

State File No. ....

FILED MAY 27 1953

|  |                           |   |  |   |  |  |  |
|--|---------------------------|---|--|---|--|--|--|
| BIRTH NO. _____  |                           | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. <u>2423</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |                           |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>  |                           | c. LENGTH OF STAY (in this place) <u>8 yrs</u>  |  | c. CITY OR TOWN <u>Kansas City</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>  |                           |   |  | e. STREET ADDRESS (If rural, give location) <u>1214 Askew</u>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Dewey</u>   |                           | b. (Middle) _____   |  | c. (Last) <u>Laffoon</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>5 - 8 - 1953</u>   |  |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>  |  | 8. DATE OF BIRTH <u>May 2, 1898</u>   |  | 9. AGE (in years last birthday) <u>55</u><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 14 HRS: Hours _____ Min. _____     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |
| 13a. FATHER'S NAME <u>Robert F. Laffoon</u>  |                           | 13b. MOTHER'S MAIDEN NAME <u>Anna Guinn</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Rosie Laffoon</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |                           | 16. SOCIAL SECURITY NO. <u>495-01-4704</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Vera K. Locke (Sister) K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.                              |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic carcinoma with erosion into esophagus and metastasis to lymph nodes</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u><br><br><u>16-7</u>   |  |
| 19a. DATE OF OPERATION _____   |                           | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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) _____  |                           | 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>5 - 5, 1953</u> , to <u>5 - 8, 1953</u> , that I last saw the deceased alive on <u>5 - 8, 1953</u> , and that death occurred at <u>4:50 P.M.</u> , from the causes and on the date stated above. |                           |   |  |   |  |  |  |
| 23a. SIGNATURE <u>B. J. Burns</u> (Degree or title) _____  |                           |   |  | 23b. ADDRESS <u>General Hospital No. 1</u>  |  | 23c. DATE SIGNED <u>5-9-53</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                           | 24b. DATE <u>5-11-53</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>   |  |
| DATE REC'D BY LOCAL REG <u>5-11-53</u>   |                           | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. L. Forster F.H.</u>   |  | ADDRESS <u>K.C. Mo.</u>  |  |

WRITE PLAINLY—USING UNEADING 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 *J. Virgil Herron*.....

Licensed Embalmer No. *359*.....

P. O. Address *W. Va.*.....

**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.