. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

34565

State File No.

FILED NOV 8 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4561

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STEUNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos. 10 DAYS (Specify whether
In this community 2 MONTHS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County RANDOLPH 88
(c) City or town MOBERLY 6
(If outside city or town limits, write "RURAL")
(d) Street No. 518 SOUTH CLARK 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country -----

3. (a) PRINT FULL NAME ORESTES. ULYSSES LASH.
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. MARY I. LASH
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased July (Month) 14 (Day) 1872 (Year)

8. AGE: Years 75 Months 3 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Rosendale (City, town, or county) Missouri (State or foreign country)
10. Usual occupation VETERINARIAN
11. Industry or business Moberly, Missouri
FATHER
12. Name Christopher J. LASH
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)
MOTHER
14. Maiden name Lucinda Donovan
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Mary I. Lash
(b) Address 518 South Clark, Moberly, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah, Missouri
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 10-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 29th year 1947 hour 8 minute 25 P. M.

21. I hereby certify that I attended the deceased from Aug 19, 1947, to Oct 29, 1947, that I last saw him alive on Oct 29 - 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Ureter (Left)
Due to and generalized metastases
Due to
Other conditions (Include pregnancy within 3 months of death) 52 C
Major findings: Of operations
Of autopsy carcinoma metastases generalized obstructive hydronephrosis (L)

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Lelse F. Ockerbold (M. D. or other)
Address 1530 Professional Bldg. Date signed 10/30/1947

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Jess T. Dewo

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.