No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 16 1947

Registration District No. 376

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No. 42796

Registrar's No. 395

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St.Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs. 6 mos. 19 das. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 94
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OLLIE LEE LASHLEY
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 4, (Day) 1918 (Year)

8. AGE: Years 29 | Months 2 | Days 21 | If less than one day hr. min.

9. Birthplace Newport, (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation None
11. Industry or business

MOTHER FATHER
12. Name Doss Lashley
13. Birthplace Newport, (City, town, or county) Arkansas (State or foreign country)
14. Maiden name Cynthia Morgan
15. Birthplace Jamestown (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem., Poplar Bluff, Mo.
18. (a) Signature of funeral director Greer-Croy Undertakers
(b) Address Poplar Bluff, Missouri
19. (a) 12-10-47 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 25, year 1947 hour 2 minute 25 P. M.
21. I hereby certify that I attended the deceased from Nov. 1, 1946, 19..., to Nov. 25, 1947, 19...; that I last saw her alive on Nov. 25, 1947, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bilateral Broncho Pneumonia	1 wk.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Epileptic Psychosis- Abt.	75 yrs.

Major findings:
Of operations
Of autopsy

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 8
23. Signature John A. Brenna M.D. (M.D. or other)
Address State Hosp #4 Farmington Date signed 12/2/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1247-156

Date Filed 12-15-47

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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.