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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31869

Registration District No. ____ Primary Registration District No. 3000 Registrar's No. 311

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Memorial Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 30 days (Specify whether years, months or days)
In this community: 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville (If outside city or town limits, write "RURAL")
(d) Street No.: 415 E. Elm (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ida Belle Lasley
3. (b) If veteran, name war:
3. (c) Social Security No.: None

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Robert Lasley
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct. (Month) 13 (Day) 1874 (Year)

8. AGE: Years: 74 Months: 0 Days: 11 If less than one day: hr. min.

9. Birthplace: Schuyler Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Home
11. Industry or business:
FATHER 12. Name: Eli Simmons
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Rebecca Abbet
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Ethel Jenkins
(b) Address: Kirksville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lancaster, Mo.
18. (a) Signature of funeral director: Dee Riley Funeral Home
(b) Address: Kirksville, Missouri
19. (a) 10-25-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1948 hour 10:30 minute A.M.
21. I hereby certify that I attended the deceased from 9-28-48, 19..., to 10-24-48, 19...; that I last saw h. on alive on 10-23-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cavernous sinus thrombosis	2 days
Due to: Retrobulbar thrombosis	10 days
Due to: Diabetes	years
Other conditions (Include pregnancy within 3 months of death):	

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:

23. Signature: George E. Grim (M. D. or other): MD
Address: Kirksville, Missouri Date signed: 10/25/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-48-1863
Date Filed NOV 3 - 1948

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 Roy H. Mercer, Jr.

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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.