

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1577

State File No.

 BIRTH NO. 48-57342 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (in this place) no data		c. CITY (If outside corporate limits, write RURAL and give township) Waco	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		0		d. STREET ADDRESS (If rural, give location) Rural	
3. NAME OF DECEASED (Type or Print) a. (First) Carmen		b. (Middle) Lauray		c. (Last) LaSalle	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 8 1949		5. SEX F.		6. COLOR OR RACE W.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH 10/3/48		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 3 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY infant		11. BIRTHPLACE (State or foreign country) Joplin, Missouri	
12. CITIZEN OF WHAT COUNTRY? no		13a. FATHER'S NAME LeRoy C. LaSalle		13b. MOTHER'S MAIDEN NAME Virginia McNeil	
14. NAME OF HUSBAND OR WIFE infant		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME LeRoy LaSalle		ADDRESS Waco, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hydrocephalus		INTERVAL BETWEEN ONSET AND DEATH 3 mos		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 152	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Spina bifida		DUE TO (c)		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) (Min.)	
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 Oct 3 1948 , to Jan 8 1949 , that I last saw the deceased alive on Jan 8 1949 , and that death occurred at 0300 m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Thomas H. M.D.		23b. ADDRESS Trisco Bldg - Joplin		23c. DATE SIGNED 1/12/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/10/49		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	
24d. LOCATION (City, town, or county) (State) Joplin, Missouri		DATE REC'D BY LOCAL REG. 1-13-49		REGISTRAR'S SIGNATURE Edw. James	
25. FUNERAL DIRECTOR'S SIGNATURE Hedge-Lewis		ADDRESS Webb City, Mo.		by Robert James (Print Name on Reverse Side)	

WRITE PLAINLY--USING UNFADING 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.

Signed.....

Leonard J. Perini Jr.

Signed.....

Student Embalmer

Licensed Embalmer No.

4561

P. O. Address.....

Webb City, 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.