S. No. 300
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FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16350

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 97

49
6
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City 0
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jane Chinn Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper 49
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City 6
d. STREET ADDRESS (If rural, give location): 619 N. Walker 0

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Ray
c. (Last): Lassiter

4. DATE OF DEATH (Month) (Day) (Year): May 16 1949

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 7
8. DATE OF BIRTH: April 6, 1915
9. AGE (In years last birthday): 34 — If under 1 year: Months 1, Days 10 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Moulder
10b. KIND OF BUSINESS OR INDUSTRY: Webb Corp.
11. BIRTHPLACE (State or foreign country): Webb City, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Walter Lassiter
13b. MOTHER'S MAIDEN NAME: Rebecca Baker
14. NAME OF HUSBAND OR WIFE: Mrs. Cleo Lassiter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-07-9073
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Cleo Lassiter, Webb City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sloughing Papillary Veins
DUE TO (c) Injury from Fall. — 2½ days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-13-49
19b. MAJOR FINDINGS OF OPERATION: Sloughing Papillary Vein under Left arm.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Webb City
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Webb City Jasper Mo. 49
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 13 1949 11 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell injuring left axillary space

22. *I hereby certify that I attended the deceased from* 5-13-1949, *to* 5-16, 1949, *that I last saw the deceased alive on* 5-16, 1949, *and that death occurred at* 5:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. Slaughter (Degree or title): D.O.
23b. ADDRESS: Webb City Mo.
23c. DATE SIGNED: 5/19/49.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20, 1949
24c. NAME OF CEMETERY OR CREMATORY: Carterville Cemetery
24d. LOCATION (City, town, or county) (State): Carterville, Missouri

DATE REC'D BY LOCAL REG.: MAY 20, 1949
REGISTRAR'S SIGNATURE: N. L. Trueblood M.D. 137
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Johnston-Arnce-Simpson, Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

49-5-416

FEB 2 1950

JUN 14 1949

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 .....
Student Embalmer

Signed Harvey E. Amee

Licensed Embalmer No. 4463

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.