

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 374

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1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bonne Terre</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Concord</b>	
c. LENGTH OF STAY (In this place) <b>5 Min.</b>		d. STREET ADDRESS (If rural, give location) <b>Near Irondale</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Donald</b> b. (Middle) <b>Lee</b> c. (Last) <b>Lashley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 16, 1949</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug. 3, 1935</b>	9. AGE (In years last birthday) <b>14</b>	10. IF UNDER 1 YEAR Days <b>2</b>	11. IF UNDER 24 HRS. Hours <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Louis Lashley</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Berry</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Louis Lashley</b>	
				ADDRESS <b>Irondale, Mo.</b>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart coronary artery "We the jury find that the deceased came to his death by accidental gunshot wound."</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>8:19:11</b>  <b>17</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>jury find that the deceased came to his death by accidental gunshot wound."</b>		
	DUE TO (c) <b>gunshot wound."</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Concord Washington Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10/16/49 4:30 PM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Hunting accident 110</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **5:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE <b>Bert L. Miller</b> 3 (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Farmington, Mo</b>		23c. DATE SIGNED <b>10-18-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/19/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Adams Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Frankclay, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>Oct 20, 1949</b>	REGISTRAR'S SIGNATURE <b>Esther Rudolph</b>	25. MUNERAL DIRECTOR'S SIGNATURE <b>Bert L. Boyer</b>	ADDRESS <b>Leadwood, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-24-49

Health Officer No. Y

File Number 1049-140

Date Filed \_\_\_\_\_

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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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.