

FILED DEC 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38437

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 421

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot 7d</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u> OR <u>RURAL</u> <u>St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Holland</u>	
c. LENGTH OF STAY (in this place) <u>2 mos. 7 das.</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u> b. (Middle) <u>ASTER</u> c. (Last) <u>LASTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan. 3, 1886</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Jim Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Annie</u>		14. NAME OF HUSBAND OR WIFE <u>Will Laster -2nd Husband.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 das.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus and senility.</u>		<u>1901</u>	

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)		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 Sept. 12, 1949, to Nov. 19, 1949, that I last saw the deceased alive on Nov. 19, 1949 and that death occurred at 8:05A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John A. Bremer, M.D.</u>		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>11-28-49.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bronville Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bronville, Tennessee</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>German Undertaking Co., Steele, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 2, 1949</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12-6-49

Health Officer No. 4

License Number 1249-1591

Date 12-6-49

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 _____

C. Hozean
4084

Licensed Embalmer No. _____

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.