

FILED JAN 1-6 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41445
 State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3628</u>		Registrar's No. <u>238</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>18 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1220 Grove St.</u>				d. STREET ADDRESS (If rural, give location) <u>1220 Grove St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZA</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>LASLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 27-1949</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>Feb 20-1870</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>7</u>		IF UNDER 24 HRS. Hours <u>30</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Bond Co., Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. H. Mayfield</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Secrest</u>		14. NAME OF HUSBAND OR WIFE <u>James S. Lasley</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 ADDRESS <u>Mrs. C.R. Foster, 1220 Grove, Carthage, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</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) (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 <u>Dec 1948</u> , to <u>12-27, 1949</u> , that I last saw the deceased alive on <u>12-21, 1949</u> , and that death occurred at <u>4:25a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Typed or title) <u>R. E. Haker M.D.</u>				23b. ADDRESS <u>Carthage Mo.</u>		23c. DATE SIGNED <u>12-29-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec 29-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Diamond Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Diamond, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-29-1949</u>		REGISTRAR'S SIGNATURE <u>L. B. Clement</u>		FUNERAL DIRECTOR'S SIGNATURE <u>KNELL MORTUARY</u>		ADDRESS <u>Carthage, Mo.</u>	

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

44
3

RECEIVED 1-3-50

Jasper County Health Office

County File Number 49-12-991

Date Filed 1-11-50

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 Frank W. Kuehl

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.