

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23822

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 344

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>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>12 FORD ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Joplin General Hospital</u>			
3. NAME OF DECEASED a. (First) <u>OPAL</u> b. (Middle) <u>MAXINE</u> c. (Last) <u>LASITER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 27, 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 14, 1912</u>
9. AGE (in years last birthday) <u>28</u>	10. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>NEOSHO MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	13a. FATHER'S NAME <u>HENDRIX PATTERSON</u>	13b. MOTHER'S MAIDEN NAME <u>MARY LOUISE WEEKS</u>	14. NAME OF HUSBAND OR WIFE <u>LEO LASITER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
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>Acute nephritis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Partial Bowel Obstruction</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Glomerulonephritis</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>32X</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION <u>July 12, 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Chronic Biliary</u> <u>High degree retroverted uterus</u> <u>Chronic Biliary Appendicitis</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE	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) m.	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>July 10</u> , 1950, to <u>July 27</u> , 1950, that I last saw the deceased alive on <u>July 27</u> , 1950, and that death occurred at <u>6:25 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Donald K. Moore M.D.</u>		23b. ADDRESS <u>Joplin Missouri</u>	
23c. DATE SIGNED <u>7/27/1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-31-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GILSON</u>	24d. LOCATION (City, town, or county) (State) <u>NEOSHO, NEWTON MO.</u>
DATE REC'D BY LOCAL REG. <u>8-1-50</u>	REGISTRAR'S SIGNATURE <u>Edw. S. James 138</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carley Thompson Neosho Mo.</u>	

0495

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

RECEIVED 8-7-50  
Jasper County Health Office

County File Number 50-8-584  
Date Filed 8-7-50

SEP 5

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 Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Nesha, Ma

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.