

FILED SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29566**

BIRTH NO. 62773-50 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 351

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eminence</b>	
c. LENGTH OF STAY (in this place)		1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>		d. STREET ADDRESS <input checked="" type="checkbox"/> rural, give location	

3. NAME OF DECEASED (Type or Print) a. (First) <b>SALLY</b>	b. (Middle) <b>JO</b>	c. (Last) <b>LASHLY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 9 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b> ✓	8. DATE OF BIRTH <b>Sept. 3, 1950</b>	9. AGE (In years last birthday) MONTHS DAYS HOURS MIN. <b>6 6</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Earl E. Lashly</b>	13b. MOTHER'S MAIDEN NAME <b>Pearl Thompson</b>	14. NAME OF HUSBAND OR WIFE <b>--</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>-- --</b>	16. SOCIAL SECURITY NO. <b>--</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Earl E. Lashly Eminence, Missouri</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Familial Hemorrhagic Sepsis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Jaundice of newborn</i> DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>7700</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 7, 1950, to Sept 9, 1950, that I last saw the deceased alive on Sept 7, 1950, and that death occurred at 11:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Harvin O. Peterson M.D.</i>	23b. ADDRESS <i>Poplar Bluff, Mo.</i>	23c. DATE SIGNED <i>9/9/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial 11</b>	24b. DATE <b>Sept. 10, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>North Shannon Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <i>Sept 9, 1950</i>	REGISTRAR'S SIGNATURE <i>W. Johnson by Clare Johnson</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>E. Lashly</i>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

SEP 19 1980  
BUTLER CO. HEALTH CENTER  
FILE No. 950-379

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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 Not embalmed

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.