

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 31 1952

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 14

4933

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (In this place) 16 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks hospital		c. CITY (If outside corporate limits, write RURAL and give township) Carthage <u>0493</u>	
		d. STREET ADDRESS (If rural, give location) 720 Limestone St. <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) GLORIANN		b. (Middle) LASSITER	
		c. (Last) STARK	
		4. DATE OF DEATH (Month) (Day) (Year) Jan 24, 1952	
5. SEX female		6. COLOR OR RACE white	
		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
		8. DATE OF BIRTH Sept 8, 1935	
		9. AGE (In years last birthday) 16	
		IF UNDER 1 YEAR Months Days	
		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	
		11. BIRTHPLACE (State or foreign country) Carthage, Mo. <u>0</u>	
		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Lassiter		13b. MOTHER'S MAIDEN NAME Leola Shrock	
		14. NAME OF HUSBAND OR WIFE Elvie Stark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-34-9856	
		17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry Lassiter,	
		ADDRESS 720 Limestone Carthage	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>3 M</u>	
		II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)	
		III. 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)		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>Sept 29, 1951</u> , to <u>Jan 24, 1952</u> , that I last saw the deceased alive on <u>Jan 25, 1952</u> , and that death occurred at <u>3:05 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Karl H. Blumer</u>		23b. ADDRESS <u>121 W 4th St. Carthage, Mo.</u>	
		23c. DATE SIGNED <u>Jan 24-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan 27, 1952	
		24c. NAME OF CEMETERY OR CREMATORY Purcell Cemetery	
		24d. LOCATION (City, town, or county) (State) Jasper County, Missouri	
DATE REC'D BY LOCAL REG. 1-25-52		REGISTRAR'S SIGNATURE <u>LB Blumenthal, MD</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u>	
		ADDRESS Carthage, Missouri	

RECEIVED 1-28-52
Jasper County Health Office

County File Number 52/1/75

Date Filed 1-29-52

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 *Ira E. Meadows*

Licensed Embalmer No. 4637

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.