

STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED AUG 25 1952

REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY Saline			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall Twp.		c. LENGTH OF STAY (in this place) 7yrs. 6mos.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldorado Springs 0201		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State School			d. STREET ADDRESS (If rural, give location) Unknown		

3. NAME OF DECEASED (Type or Print) a. (First) Doddie b. (Middle) Charles c. (Last) Lasley			4. DATE OF DEATH (Month) (Day) (Year) Aug. 20, 1952		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 6-2-30		9. AGE (In years last birthday) 22	10 UNDER 1 YEAR Months 2 Days 18	11 UNDER 18 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) patient		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) New Mexico		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Charles M. Lasley		13b. MOTHER'S MAIDEN NAME Cornette		14. NAME OF HUSBAND OR WIFE none	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS, Missouri State School Records, Marshall			
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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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epilepsy						unknown
ANTECEDENT CAUSES	DUE TO (b) Pulmonary Tuberculosis					unknown
	DUE TO (c) Idiot					
II. 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"/>
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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) m.	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 8-17, 1950, to 8-20, 1952, that I last saw the deceased alive on 8-19, 1952, and that death occurred at 2:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS Missouri State School, Marshall		23c. DATE SIGNED 8-20-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 23, 1952	24c. NAME OF CEMETERY OR CREMATORY Mo. State School Cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Missouri	
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DATE REC'D BY LOCAL REG. Aug. 20-1952	REGISTRAR'S SIGNATURE Sidney F. Gray	385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell-Lewis Marshall, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed \_\_\_\_\_

*James H. Lewis*

Signed \_\_\_\_\_  
Student Embalmer

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

*4709*

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

*Marshall, 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.