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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

14620

State File No.

FILED MAY 2 1953

22637

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO 3026 Registrar's No. 172

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (In this place): 3 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sanitarium

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence 9000
d. STREET ADDRESS (If rural, give location): RR 2, Blue Mills Rd.

**3. NAME OF DECEASED** (Type or Print)
a. (First): William
b. (Middle): Lee
c. (Last): Lasister

**4. DATE OF DEATH** (Month) (Day) (Year): April 19, 1953

**5. SEX**: male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): infant
**8. DATE OF BIRTH**: April 18, 1953
**9. AGE** (In years last birthday): 0 — If under 1 year: Months 0, Days 0 — If under 24 hrs.: Hours 3, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): none
**10b. KIND OF BUSINESS OR INDUSTRY**: none
**11. BIRTHPLACE** (City and State or Foreign Country): Independence, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: Wm. O. Lasister
**13b. MOTHER'S MAIDEN NAME**: Charline Flagg
**14. NAME OF HUSBAND OR WIFE**: none
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): none
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Wm. O. Lasister RR 2, Independence, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) General Anoxia — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Massive Pulmonary Atelectasis
DUE TO (c)

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**: 76.20
**20. AUTOPSY?** YES ☒ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

**22.** *I hereby certify that I attended the deceased from* Apr 18, 1953, *to* Apr 19, 1953, *that I last saw the deceased alive on* Apr 19, 1953, *and that death occurred at* 12:55 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Harold V Woods (Degree or title) M.D.
**23b. ADDRESS**: Independence Mo.
**23c. DATE SIGNED**: Apr. 20 1953

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4/21/53
**24c. NAME OF CEMETERY OR CREMATORY**: Md. Grove Cem.
**24d. LOCATION** (City, town, or county) (State): Independence, Mo.

DATE REC'D BY LOCAL REG.: 4-21-53
REGISTRAR'S SIGNATURE: James H. Craig
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Geo. C. Carson Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Not Embalmed, Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Indep. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.