

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41793

State File No. ....

FILED NOV 23 1953

BIRTH NO. ....		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6086</u>		Registrar's No. <u>212</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> <u>0973</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Salt Fork Twp</u>		c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Marshall</u>		<u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1.3 miles on Road 8 W. E. 65 Highway.</u>				d. STREET ADDRESS (If rural, give location) <u>312 North Sargent</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Robert</u>		b. (Middle) <u>Harold</u>		c. (Last) <u>Laster</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>14</u>		(Year) <u>1953</u>	
5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 12, 1900</u>	9. AGE (In years last birthday) <u>52</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>2</u>	11. UNDER 1 WEEK Hours <u>0</u> Min. <u>0</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>Truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hauling Concrete</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Logan Laster</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Smith</u>		14. NAME OF <del>DECEASED</del> OR WIFE <u>Mrs. Alder Laster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-12-4560</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alder Laster, Marshall, Mo.</u>			
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>Broken neck. <del>Broken neck</del></u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT (Specify) <u>CHANCE</u> <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on Gravel road</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Saline Missouri</u>		21d. TIME OF INJURY <u>Nov. 14 53 4:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Driver lost control of truck</u>	
22. I hereby certify that I attended the deceased from <u>Nov. 14, 1953</u> at I last saw the deceased alive on <u>Nov. 14, 1953</u> , and that death occurred at <u>4 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P. L. Lawler, M.D.</u>		3 Co (Degree or title) <u>Saline Coroner</u>		23b. ADDRESS <u>Marshall, Missouri</u>		23c. DATE SIGNED <u>11/15/53</u>	
24a. BURIAL, CREMATION, NON-REMOTIONAL (Specify) <u>Burial</u>		24b. DATE <u>11/19/53</u>		24c. NAME OF CEMETERY OR <del>CREMATION</del> <u>Huntsville, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/19/53</u>		REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>George H. Brown</u>		ADDRESS <u>Marshall, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 4220

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.