

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 19 1954

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5047 Registrar's No. 89

0050

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

1. PLACE OF DEATH a. COUNTY <u>BARRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jenkins</u>		c. CITY OR TOWN <u>Jenkins, Rt. 1</u>	
c. LENGTH OF STAY (in this place) <u>8 Months</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jenkins, Rt. 1, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>Jenkins Township 0050</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mathy</u> b. (Middle) <u>Annette</u> c. (Last) <u>Lasiter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 3 - 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 20, 1953</u>
9. AGE (In years last birthday) <u>1</u> <u>9</u> <u>17</u>		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and State or Foreign Country) <u>Aurora, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Harrison Lasiter</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Ann Helm</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Lasiter</u>		ADDRESS <u>Jenkins, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus</u> INTERVAL BETWEEN ONSET AND DEATH <u>19 months</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.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>344X</u>		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) m.	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>Oct 3</u> , 1954, to _____, 19____, that I last saw the deceased alive on <u>Oct 3</u> , 1954, and that death occurred at <u>1 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul D. Vincent</u>		23b. ADDRESS <u>Coroner Cassville, Missouri</u>	23c. DATE SIGNED <u>10-4-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10-4-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mary Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Barry County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-13-1954</u>	REGISTRAR'S SIGNATURE <u>Grace Williams</u>	10-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>No Funeral Director Used</u>

BARREY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1154-112

DATE REC. 10-16-54

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.....
Signature of Student Embalmer

Signed *No Embalming*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.