

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14822

State File No.
Registrar's No. 132

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schenley Co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (in this place) <u>41 days</u>	c. CITY OR TOWN <u>Queen City</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>Missouri State Hosp. No 1</u>		e. STREET ADDRESS (If rural, give location) <u>2980</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Lasley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept 22, 1873</u>	9. AGE (in years last birthday) <u>82</u>	10. IF UNDER 1 YEAR Days <u>3</u> IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>retired dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>cattle</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>(U)</u>

13a. FATHER'S NAME <u>King Lasley</u>	13b. MOTHER'S MAIDEN NAME <u>Bliza Phillips</u>	14. NAME OF HUSBAND OR WIFE <u>Doc</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Doc</u>	16. SOCIAL SECURITY NO. <u>Doc</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Homer Adams</u> ADDRESS <u>Lancaster Mo</u>
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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, ashenia, 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) <u>Hypertrophy prostate</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.		610X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Apr 18 1955, to May 25, 1955, that I last saw the deceased alive on May 25, 1955, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Hunter</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>May 25, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 27-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>900 E Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lancaster Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 26-1955</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	425	25. GENERAL DIRECTOR'S SIGNATURE <u>Wallace General</u> ADDRESS <u>Homer Fulton Mo</u>
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Denzil C. Browning*.....

Licensed Embalmer No. *272*.....

P. O. Address *Fulton*.....

**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.**