

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4141

STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 11

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| 1. PLACE OF DEATH a. COUNTY <u>Shelby</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shelbina</u> | | c. CITY OR TOWN <u>Shelbina</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ----- | | d. STREET ADDRESS (If outside, give location) ----- | |
| Length of stay in lb <u>Life</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Roy D.</u> Middle <u>Lasley</u> Last <u></u> | | | 4. DATE OF DEATH Month <u>1-26</u> Day <u>1958</u> Year <u></u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Cauc</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 23, 1880</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>3</u> Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant (retired)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing Sales</u> | | 11. BIRTHPLACE (City and state or country) <u>Shelbina, Mo</u> | |
| 13. FATHER'S NAME <u>Charles H Lasley</u> | | | 14. MOTHER'S MAIDEN NAME <u>Anna E Downing</u> | | |
| 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. ----- | | 17. INFORMANT <u>Mrs. Katie Lasley - Shelbina, Mo.</u> | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension & arteriosclerosis</u> DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>331X</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____ | |

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>Shelbina, Mo.</u> | COUNTY _____ STATE _____ |
| 21. I attended the deceased from <u>Feb. 25, 1958</u> to <u>Jan 26, 1958</u> and last saw ^{him} alive on <u>Jan 26, 1958</u> Death occurred at <u>3:00 P. M.</u> on the date stated above; and to the best of my knowledge from the causes stated. | | | |
| 22a. SIGNATURE (Doctor or title) <u>Blades Bauer</u> | | 22b. ADDRESS <u>Shelbina, Mo.</u> | 22c. DATE SIGNED <u>Jan 30, 1958</u> |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>1-28-1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Community Mausoleum</u> | 23d. LOCATION (City, town, or county) (State) <u>Shelbina, Mo</u> |
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| 24. FUNERAL DIRECTOR <u>Barkelaw & Davis Funeral Service</u> | ADDRESS <u>Shelbina, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>1-31-58</u> | 26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u> |
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(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service
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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 John Boyd, Student Embalmer No. 5 working under my personal supervision..

Student John Boyd
Signature of Student Embalmer

Signed James D. Davis

Licensed Embalmer No. 44

P. O. Address Shelby

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.