FILED VS APR 14 1960

DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-009788
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Monett
Length of stay in 1b: 3 da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Vincent
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN: Monett
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): St. Vincent
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Denise Middle: Ann Last: Lasiter
4. DATE OF DEATH: Month: 3 Day: 27 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-24-1960
9. AGE (last birthday)
IF UNDER 1 YEAR: Months: Days: 3
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Monett Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Bob Lasiter
13b. MOTHER'S MAIDEN NAME: Gladys Rothie
14. NAME OF HUSBAND OR WIFE: —
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: B. of Lasiter Address: La Russell Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): 30 wks. gestation
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/24, to 3/27/60 and last saw her/him alive on 3/25/60
Death occurred at 8:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Kenneth Glover MD (Degree or title)
22b. ADDRESS: Mt. Vernon, Mo
22c. DATE SIGNED: 4/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-28-1960
23c. NAME OF CEMETERY OR CREMATORY: Hickbow-strip
23d. LOCATION (City, town, or county) (State): S.W. of Miller Mo.
24. FUNERAL DIRECTOR: E. R. Leiman ADDRESS: Miller Mo.
25. DATE RECD. BY LOCAL REG.: 4-6-60
26. REGISTRAR'S SIGNATURE: Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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