

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022571
STATE FILE NUMBER

FILED VS JUL 11 1960
Registration District No. 59 Primary Registration District No. 4101 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY CASS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CASS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RAYMORE MO.		Length of stay in 1b	c. CITY OR TOWN RAYMORE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HOWARD Middle RAYMOND Last LASLEY			4. DATE OF DEATH Month 6 Day 22 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9/13/83	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Raymore, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HOMER H. LASLEY		13b. MOTHER'S MAIDEN NAME RACHEL BUTLER		14. NAME OF HUSBAND OR WIFE RACHEL LASLEY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown No		16. SOCIAL SECURITY NO. NO	17. INFORMANT Address MARY E. LASLEY, RAYMORE, MO.			
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>Circulatory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> <u>6 days.</u> <u>total</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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						
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	COUNTY	STATE		
21. I attended the deceased from <u>16 June 1960</u> to <u>22 June 1960</u> and last saw him alive on <u>20 June 1960</u> Death occurred at <u>13:30</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Print or title) <u>John R. M. [Signature]</u>			22b. ADDRESS <u>Belton, Mo.</u>		22c. DATE SIGNED <u>22 June 1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6/25/60	23c. NAME OF CEMETERY OR CREMATORY RAYMORE		23d. LOCATION (City, town, or county) (State) RAYMORE MO.		
24. FUNERAL DIRECTOR E.K. GEORGE & SONS.		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>June 25-1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Roy Seber</u>		

DOCUMENT

MEDICAL CERTIFICATION

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 embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 3958

P. O. Address Beltway

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.