

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021671

STATE FILE NUMBER

AMENDED FILED JUL 5 1961 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits; give TOWNSHIP only) Webb City		Length of stay in 1b 6 days	c. CITY OR TOWN Waco		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) No street number		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last ROY STUART LaSALLE			4. DATE OF DEATH Month Day Year June 24, 1961		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-12-1880	9. AGE (last birthday) 81	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) Retired - mechanic		10b. KIND OF BUSINESS OR INDUSTRY General Steel Products		11. BIRTHPLACE (City and state or country) Wichita, Ks.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Edward W. LaSalle		13b. MOTHER'S MAIDEN NAME Irena Stuart	
14. NAME OF HUSBAND OR WIFE Pearl (Holcomb) LaSalle		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. Unk		17. INFORMANT Mrs. Pearl LaSalle, Waco, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Terminal Pulmonary Edema</i> DUE TO (b) <i>Cerebro-Vascular accident.</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <i>4 days.</i> <i>10 days.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Emphysema Arteriosclerosis</i>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <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 <i>6-12-61</i> to <i>6-23-61</i> and last saw her/him alive on <i>6-23-61</i> Death occurred at <i>8:25 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Steve Parker</i> (Name or title)			22b. ADDRESS <i>924 N. Douglas, Webb City, Mo</i>		22c. DATE SIGNED <i>6-26-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE <i>6-27-1961</i>	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park,		23d. LOCATION (City, town, or county) (State) Joplin, Missouri	
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI			25. DATE RECD. BY LOCAL REG. <i>6-27-61</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>	

DATE AMENDED
INSTEAD OF
ITEM NO. SHOULD READ
BY AFFIDAVIT OF

DOCUMENT
MEDICAL CERTIFICATION

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 Harvey E. Amice

Licensed Embalmer No. 4463

P. O. Address Joplin Mo.

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.