

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036691

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED OCT 18 1961

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Leesville Twp

Length of stay in 1b

2 weeks

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Leesville Twp

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Henry

c. CITY

OR

TOWN

Montrose

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

near Teays Chapel

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Milton

Middle

Charles

Last

Lash

4. DATE

OF

DEATH

Month

Oct

Day

7

Year

1961

5. SEX

male

6. COLOR OR RACE

white

7. Married

Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

Jan 2. 1892

69

9. AGE (last birthday)

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)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Gresham, Neb

11. BIRTHPLACE (City and state or country)

USA

13a. FATHER'S NAME

Charles A. Lash

13b. MOTHER'S MAIDEN NAME

Lucy A. Campbell

14. NAME OF HUSBAND OR WIFE

Harry Lash Council Bluff, Iowa

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.

Harry Lash

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Death at once

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

None

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 Oct 1953 to 10/7/61 and last saw him alive on 9/16/61

Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S. B. Hughes, M.D.

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

10/9/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/9/1961

23c. NAME OF CEMETERY OR CREMATORY

Westfield cemetery

23d. LOCATION (City, town, or county)

Appleton City, Mo

24. FUNERAL DIRECTOR

ADDRESS

Sickman-Dunning Funeral H Clinton, Mo

25. DATE RECD. BY LOCAL REG.

Oct. 9, 1961

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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 R. L. Dunning

Licensed Embalmer No. 4910

P. O. Address Clinton 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.