

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041882

STATE FILE NUMBER

Registration District No. 255 Primary Registration District No. 4387 Registrar's No. 26

FILED DEC 14 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Oregon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Missouri Alton | | c. CITY OR TOWN Alton | |
| Length of stay in 1b 30 year | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | 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: Joseph Middle: Franklin Last: Laswell | | | 4. DATE OF DEATH Month: 12 Day: 5 Year: 61 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-10-1886 |
| 9. AGE (last birthday) 75 | | IF UNDER 1 YEAR Months: Days: Hours: Min. | IF UNDER 24 HR Months: Days: Hours: Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman | | 10b. KIND OF BUSINESS OR INDUSTRY Timber | 11. BIRTHPLACE (City and state or country) Campbell, Missouri |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Lee Jack Laswell | |
| 13b. MOTHER'S MAIDEN NAME Lourania Smith | | 14. NAME OF HUSBAND OR WIFE Pearl Holmes | |
| 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. none | |
| 17. INFORMANT Genola Laswell, St. Louis, Mo. | | 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) Cardiac Inactivation DUE TO (b) Posterior Myocardio-Infarction DUE TO (c) Left Bundle Branch Block Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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: Month, Day, Year a.m. p.m. | | 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 Alton, Oregon | |
| 20g. COUNTY Missouri | | 20h. STATE | |
| 21. I attended the deceased from 12-3-61 to 12-5-61 and last saw him alive on 12-5-61 . Death occurred at 12:15 A. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Date or file) <i>[Signature]</i> D.O. | | 22b. ADDRESS Alton, Mo. | |
| 22c. DATE SIGNED 12-6-61 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12-7-1961 | |
| 23c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery | | 23d. LOCATION (City, town, or county) Alton, Missouri | |
| 24. FUNERAL DIRECTOR Carter Funeral Home, Thayer, Mo. | | 25. DATE RECD. BY LOCAL REG. 12-9-61 | |
| 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | |

DEC 28 1964

JUN 7 1963

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 Edward Carter

Licensed Embalmer No. 4516

P. O. Address West Plain

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.