

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007250

STATE FILE NUMBER

AMENDED

Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 25

FILED MAR 13 1962

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tywappity		Length of stay in 1b 1 Hour	c. CITY OR TOWN Wyatt
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Mi. East of Charleston		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Wyatt
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Leon Middle Bernard Last Laster			4. DATE OF DEATH Month 2 Day 15 Year 62		
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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 10/23/1936	9. AGE (last birthday) 25	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Express Worker	10b. KIND OF BUSINESS OR INDUSTRY Express Co.	11. BIRTHPLACE (City and state or country) Crosno, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Raymond Laster	13b. MOTHER'S MAIDEN NAME Martha Burns	14. NAME OF HUSBAND OR WIFE Norma Jean Laster
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT John Laster, Wyatt, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed chest and internal injuries		INTERVAL BETWEEN ONSET AND DEATH instant
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)		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
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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.) auto accident Laster was a passenger in an
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year after death as Coroner	auto owned and driven by Dewey Wayne Pierce, which overturned causing instant death
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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 Wyatt	COUNTY	STATE
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21. I attended the deceased from **after death as Coroner** and last saw ^{her}/_{him} alive on _____
Death occurred at **11:00 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John McMillen</i> Coroner	(Degree or title)	22b. ADDRESS Charleston, Missouri	22c. DATE SIGNED 2/19/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/17/62	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) Charleston, Mo.	(State)
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24. FUNERAL DIRECTOR <i>John J. Munnelee</i> The Munnelee Funeral Chapel Charleston, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 3-9-62	26. REGISTRAR'S SIGNATURE <i>Barth S. Hatcher</i>
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DATE AMENDED
 ITEM NO.
 SHOULD READ
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

MAR 20 1962

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 John F. Dummalee

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.