MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012494
STATE FILE NUMBER

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 17

FILED APR 12 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED | ITEM NO. | SHOULD READ | INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY MONROE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PARIS
Length of stay in 1b: 69 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. MAIN ST.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY MONROE
c. CITY OR TOWN PARIS
Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) N. MAIN ST.
Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First RAY Middle JOHNSON Last LASLEY

4. DATE OF DEATH Month APRIL Day 6, Year 1963

5. SEX M

6. COLOR OR RACE NEGRO

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH —

9. AGE (last birthday) 70
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) LABOR IN FEED MILL

10b. KIND OF BUSINESS OR INDUSTRY LABORER IN FEED MILL

11. BIRTHPLACE (City and state or country) MO.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME CHARLEY LASLEY

13b. MOTHER'S MAIDEN NAME BELLE WELLS

14. NAME OF HUSBAND OR WIFE BESSIE LEE LASLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 496-18-3361

17. INFORMANT CLEO I. LASLEY Address S. RHODES CHICAGO ILL.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 24-26 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Unknown
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. [ ] Yes [ ] No [X] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 1-14-63 to 4-6-63 and last saw her alive on 4-6-63
Death occurred at 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. Carl Schlager Jr. DO.

22b. ADDRESS Paris Mo.

22c. DATE SIGNED 4-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE APR 9, 1963

23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE

23d. LOCATION (City, town, or county) (State) PARIS, MO.

24. FUNERAL DIRECTOR ADDRESS E. H. AGNEW – PARIS, Mo.

25. DATE RECD. BY LOCAL REG. 4-6-63

26. REGISTRAR'S SIGNATURE W. A. Burnett M.D.

(Licensed Embalmer's Statement on Reverse Side)

APR 17 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 Robert E. Wood

Licensed Embalmer No. 5205

P. O. Address PARIS, 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.