

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JAN 31 1951

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 17

490

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Webb City Rt# 1-161</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Webb City Rt# 1-161</u> <u>0490</u>	
c. LENGTH OF STAY (in this place) <u>11 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 N. of T.B. Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 N. of T.B. Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Jasper</u>	c. (Last) <u>LASATER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 10, 1951</u>
--	---------------------------	---------------------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 3, 1856</u>	9. AGE (In years last birthday) <u>94</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
-----------------------	----------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Dade County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	---	---	---

13a. FATHER'S NAME <u>Hardy Lasater</u>	13b. MOTHER'S MAIDEN NAME <u>Cassie Walker</u>	14. NAME OF HUSBAND OR WIFE <u>Matildia (DECEASED)</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Fred Beisner Rt# 1 Webb City, Mo.</u>
---	--	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tubercular pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>4/30 x</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Jan 7, 1951, to Jan 19, 1951, that I last saw the deceased alive on Jan 9, 1951, and that death occurred at 3:50 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James V. Flaherty M.D.</u>	23b. ADDRESS <u>Cartersville Mo. 1-12-51</u>	23c. DATE SIGNED
---	---	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 14, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Collins Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lockwood, Missouri</u>
--	----------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Jan 14-51</u>	REGISTRAR'S SIGNATURE <u>S. L. Hutchcraft</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill-Dillon Mort. Joplin, Mo.</u>
--	--	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECORDED 1-30-50
Jasper County Health Office

County File Number 51-1-45

Date Filed 1-30-51

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
Student Embalmer

Signed William E. Hester

Licensed Embalmer No. 4770

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 this body is not embalmed, fact should be so stated above.