

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5336 Registrar's No. 106

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

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Center twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Center twp.</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>4 1/2 mi N.W. of Greenfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 mi N.W. of Greenfield</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Melvina</u>		b. (Middle)		c. (Last) <u>LASATER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 25, 1871</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		9. AGE (In years) IF UNDER 1 YEAR Months Days Hours Min. <u>77</u> <u>11</u> <u>6</u>	
11. BIRTHPLACE (State or foreign country) <u>Dade Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Samuel E. Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Daniels</u>		14. NAME OF HUSBAND OR WIFE <u>Al Lasater</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 <u>Mr. Al Lasater; Rt #2, Lockwood, 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma lungs - metastatic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6-8 mo</u>	

19a. DATE OF OPERATION <u>12-6-49</u>		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)		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 <u>June, 1949</u> to <u>Dec 1, 1949</u> that I last saw the deceased alive on <u>Nov 30, 1949</u> and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>C. R. Cain, M.D.</u>		23b. ADDRESS <u>Greenfield 120</u>		23c. DATE SIGNED <u>12/6/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 3, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Collins Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Dade Co., Missouri</u>					

DATE REC'D BY LOCAL REG. <u>12-6-49</u>		REGISTRAR'S SIGNATURE <u>Geo L. Witt 790</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada, Greenfield, Mo.</u>	
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JAN 5 1950

RECEIVED DEC 12 1949

District Health Office No. 6,

District File Number 1249-1357

Date Filed 12-14-49

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed _____

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, N.H.

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.