

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1147

BIRTH NO. _____		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 4236		Registrar's No. 3			
1. PLACE OF DEATH a. COUNTY IRON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY IRON 47					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DES ARC		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DES ARC		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION DES ARC MO.				d. STREET ADDRESS (If rural, give location) ✓					
3. NAME OF DECEASED (Type or Print) ALLIE			a. (First)		b. (Middle) LACY		c. (Last)		
4. DATE OF DEATH		(Month) (Day) (Year)		JAN 7 1949					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAR. 11, 1883			
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 9		IF UNDER 2 Wks. Days 12		IF UNDER 24 Hrs. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK			10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) REYNOLDS CO 0		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME JAMES A. KEATHLY			13b. MOTHER'S MAIDEN NAME MARY ASBERRY			14. NAME OF HUSBAND OR WIFE ALBERT LACY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Claude Lacy Des Arc, Mo.					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) decompensating heart ANTECEDENT CAUSES (b) arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4343						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1948, 19, to Dec 23, 1948, that I last saw the deceased alive on Dec 23, 1948, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H. H. H. M. D. O.				23b. ADDRESS		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 9, 1949		24c. NAME OF CEMETERY OR CREMATORY MIDDLEBROOK		24d. LOCATION (City, town, or county) (State) MIDDLEBROOK MO			
DATE REC'D BY LOCAL REG. Jan 31 - 49		REGISTRAR'S SIGNATURE Mrs. Alice Jones 128		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS J. J. J. W. J. J.					

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

RECEIVED

Officer No. 4

249-181

2-6-69

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH  
MEMPHIS, TENNESSEE

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 \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *Marvin E. Brewer*

Licensed Embalmer No. 4426

P. O. Address Redmond, 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.