

FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1661

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg Mo.</u>	
c. LENGTH OF STAY (In this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>204 S. College</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miss Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>A.</u>	
c. (Last) <u>Lacy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 14, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan 31 - 1862</u>
9. AGE (In years last birthday) <u>86-1/2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Spandy Holland</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Dent Holland</u>	
14. NAME OF HUSBAND OR WIFE <u>E. H. Lacy</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>72050</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lacy</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Ch. Myocardial</u>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES DUE TO (b) _____			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Benile Dementia?</u>			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Warrensburg Johnson Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>X</u>			
22. I hereby certify that I attended the deceased from <u>Nov 1, 1948</u> to <u>Jan 14, 1949</u> , that I last saw the deceased alive on <u>Jan 14, 1949</u> , and that death occurred at <u>10:25 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. W. Knobe</u> (Degree or title)		23b. ADDRESS <u>Knobe Wastes Co</u>	
23c. DATE SIGNED <u>Jan 15, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-16-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Veracullen, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Veracullen Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 19, 1949</u>		REGISTRAR'S SIGNATURE <u>Savannah</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Branninger</u>		ADDRESS <u>Warrensburg Mo.</u>	

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

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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.

Signed _____
Student Embalmer

Signed W. M. Brauning
Licensed Embalmer No. 3377
P. O. Address Warrensburg, 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.