

FILED APR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9721

State File No.

| | | | | | | | |
|---|--|---|--|---|--|---|----------------------------------|
| BIRTH NO. <u>124</u> | | REG. DIST. NO. <u>316</u> | | PRIMARY REG. DIST. NO. <u>4462</u> | | Registrar's No. <u>111</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elvins</u> | | c. LENGTH OF STAY (In this place) <u>1</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elvins</u> | | d. STREET ADDRESS (If rural, give location) <u>0 1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>LACEY</u> c. (Last) <u>LACEY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 25, 1949</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>May 1887</u> | |
| 9. AGE (In years last birthday) <u>61</u> | | 10. MONTHS <u>10</u> | | 11. DAYS <u>20</u> | | 12. HOURS <u>0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sanitar</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Sanitar</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>Henry Lacey</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Rhodes</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mary Lacey</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>494-10-7285</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Lacey</u> ADDRESS <u>Elvins, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Junc. Verdict: due to natural</u> ANTECEDENT CAUSES <u>Causes: apparently heart failure</u> DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 18. CAUSE OF DEATH (continued) | | II. OTHER SIGNIFICANT CONDITIONS <u>7954</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 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) (Min.) | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Bert J. Miller</u> (Degree or title) <u>Coverer</u> | | | 23b. ADDRESS <u>Farmington, Mo.</u> | | | 23c. DATE SIGNED <u>3/25/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Mar. 27, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Massena Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Mar. 29, 1949</u> | | REGISTRAR'S SIGNATURE <u>Ether Rudley</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u> | | ADDRESS <u>Flat River, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4894
3

RECEIVED

Health Officer No. 4

Number 449-44

4-4-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed R. Caldwell

Signed _____
Student Embalmer

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.