

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26539

State File No. _____

FILED SEP 9 1949

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

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BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>103</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>30 MINS</u>		c. CITY OR TOWN <u>Bragg City</u>		78	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>William</u>			c. (Last) <u>Lacey</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 30, 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>Nov. 30, 1916</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 24 HRS. Days _____	Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery & Dry Goods</u>		11. BIRTHPLACE (State or foreign country) <u>Lauderdale Co., Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Claude Lacey</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Doss</u>			14. NAME OF HUSBAND OR WIFE <u>Virginia Goodson Lacey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>P. A. Meacham Ripley, Tenn.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis agitans</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8-28-49</u> <u>4341</u> <u>7/2+</u>	
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) (Minute) _____		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>Aug 28, 1949</u> , to <u>Aug 30, 1949</u> , that I last saw the deceased alive on <u>Aug 30, 1949</u> , and that death occurred at <u>8:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul Baller</u>				23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>8-30-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 31-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hales</u>		24d. LOCATION (City, town, or county) (State) <u>Hales Tenn</u>	
DATE RECD BY LOCAL REG. <u>8-30-1949</u>		REGISTRAR'S SIGNATURE <u>Carl Thomas</u>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Dudbury Funeral Home Hales Tenn</u>			

MAR 1 1950

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RECEIVED SEP 6 1949

District Health Office No. 2,

District File Number 949-874

Date Filed _____

SEP 26 1949

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.