

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32905**

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>6</u> | | PRIMARY REG. DIST. NO. <u>3001</u> | | Registrar's No. <u>38</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Audrain</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Vandalia</u> | | c. LENGTH OF STAY (In this place) <u>24</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Vandalia</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>614 East Washington</u> | | | | d. STREET ADDRESS (If rural, give location) <u>614 East Washington</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> | | b. (Middle) <u>Lena</u> | | c. (Last) <u>Lacy</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 30 1949</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>May 20, 1869</u> | |
| 9. AGE (In years last birthday) <u>80</u> | | IF UNDER 1 YEAR Months <u>5</u> | | IF UNDER 12 HRS. Days <u>10</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) <u>housewife</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Near Louisiana, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | | | | 13a. FATHER'S NAME <u>Hugh Hedges</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Wise</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Joseph B. Lacy</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>C.A.A.</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Helen Lacy Gibbs, Mexico, Missouri</u> | | | | ADDRESS | | | |
| 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>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>282X</u> | |
| 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) (m.) | | 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>Sept. 24, 1949</u> , to <u>Oct. 28, 1949</u> , that I last saw the deceased alive on <u>Oct. 28, 1949</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. Alfred M. O.</u> | | | | 23b. ADDRESS <u>110 E State Vandalia, Mo</u> | | 23c. DATE SIGNED <u>Nov. 1, 1949</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct 31, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Nov 2, 1949</u> | | REGISTRAR'S SIGNATURE <u>Mallie Fugate</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Waters</u> | | ADDRESS <u>Vandalia, Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 8 1949
District Health Officer No. 10
District File Number 11-42-188
NOV 8 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.

Student
Student Embalmer

Signed William B. Trates

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.