

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6421

State File No. ....

FILED MAR 10 1950

BIRTH NO. 62916-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1880

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo.</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora</u>		0551 1
d. FULL NAME OF (If not an hospital or institution, give street address or location) <u>St. Louis Children's</u>			d. STREET ADDRESS (If rural, give location) <u>12 1/2 East College</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Randall</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Lackey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-24-50</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>9-30-19</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kossett Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>
13a. FATHER'S NAME <u>Robert Wayne Lackey</u>		13b. MOTHER'S MAIDEN NAME <u>Charlene Bailey</u>		14. NAME OF HUSBAND OR WIFE	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. Spear 500 So. Kings highway</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, asthenia, etc.: It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>  7544				INTERVAL BETWEEN ONSET AND DEATH <u>1</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (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 <u>2-19</u> , 19 <u>50</u> , to <u>2-24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-24-50</u> , 19 <u>50</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Wm. Klingberg MD</u>			23b. ADDRESS <u>500 So. Kings highway</u>		23c. DATE SIGNED <u>2-25-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-25-50</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Aurora Mo</u>		
DATE REC'D BY LOCAL REG. <u>FEB 27 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u> <u>4104 Manchester Ave. St. Louis 10, Mo.</u>	

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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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. Allen Davis Jr* .....

Licensed Embalmer No. *4053* .....

P. O. Address *St. Louis, 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.**