

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32345
Registrar's No. 77

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green Ridge	
3. NAME OF DECEASED (Type or Print) Arley Ward Lacey		d. STREET ADDRESS (If rural, give location) _____	
a. (First)		b. (Middle)	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Dec. 23, 1898
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		10b. KIND OF BUSINESS OR INDUSTRY construction	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Wright Lacey	
13b. MOTHER'S MAIDEN NAME Belle Beaman		14. NAME OF HUSBAND OR WIFE Goldie Elizabeth Lacey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 500-10-5172	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Curtis F. Veach Tipton, Mo.
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) Skull Fracture + Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Fall from structure sitting on head. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 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"/>		INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
21a. ACCIDENT OR HOMEKILDE Felt	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Summeriggs street	21c. (CITY, TOWN, OR TOWNSHIP) Shelbina Shelby MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 7 1950 3:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell about 15 ft landed on head	
22. I hereby certify that I attended the deceased from Sept 7, 1950, to Sept 7, 1950, that I last saw the deceased alive on Sept 7, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.			
23a. SIGNATURE R. L. Caldwell (Degree or title)		23b. ADDRESS _____	23c. DATE SIGNED Sept 8 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Sept. 7 1950	24c. NAME OF CEMETERY OR CREMATORY Green Ridge	24d. LOCATION (City, town, or county) (State) Green Ridge MO
DATE REC'D BY LOCAL REG. Sept 8 50	REGISTRAR'S SIGNATURE Ada Garrison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hayes Funeral Home Shelbina MO	

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

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1096157

SEP 15 1950

Date Received: SEP 14 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-1514
Date Filed: SEP 15 1950

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 Jack Hayes
Licensed Embalmer No. 3699

P. O. Address Stedman, 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.