

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12181

State File No. ....

FILED MAY 5 1951

|  |  |   |                           |   |                       |  |                                  |
|--|--|---|---------------------------|---|-----------------------|--|----------------------------------|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>118</u>   |                           | PRIMARY REG. DIST. NO. <u>5439</u>  |                       | Registrar's No. <u>13</u>  |                                  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Gasconade</u>  |  |   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Gasconade</u> |                       |  |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Canaan</u>  |  | c. LENGTH OF STAY (In this place)<br><u>40 yrs.</u>   |                           | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Canaan</u>   |                       | <u>1370</u>  |                                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____  |  |   |                           | d. STREET ADDRESS (If rural, give location) _____   |                       |  |                                  |
| 3. NAME OF DECEASED<br>(Type or Print)   |  |   | a. (First) <u>Stephen</u> | b. (Middle) <u>Wesley</u>   | c. (Last) <u>Lacy</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Apr. 2, 1951</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>June 11, 1862</u>  |                                  |
| 9. AGE (In years last birthday) <u>88</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>  |                           | 11. BIRTHPLACE (State or foreign country) <u>Owensville, Mo.</u>  |                       | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |                                  |
| 13a. FATHER'S NAME <u>Stephen W. Lacy</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Caroline Luster</u>  |                           | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Harriet Jose 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>**</u>   |                           | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harriet Lacy</u> ADDRESS <u>Canaan, Mo.</u>   |                       |  |                                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                      |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>paralysis</u><br>DUE TO (c) <u>Cerebral hemorrhage</u><br>II. OTHER SIGNIFICANT CONDITIONS.<br>Conditions contributing to the death but not related to the disease or condition causing death. |                           |   |                       |  | INTERVAL BETWEEN ONSET AND 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) <u>331X</u>   |                       |  |                                  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  | 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>4-2, 1951</u> , to <u>4-2, 1951</u> , that I last saw the deceased alive on <u>4-2, 1951</u> , and that death occurred at <u>7 p. m.</u> , from the causes and on the date stated above. |  |   |                           |   |                       |  |                                  |
| 23a. SIGNATURE <u>G. W. Bradley, D.O.</u> (Degree or title)  |  |   |                           | 23b. ADDRESS <u>Owensville, Mo.</u>   |                       | 23c. DATE SIGNED <u>4-5-51</u>   |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>4-5-1951</u>   |                           | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>   |                       | 24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>             |                                  |
| DATE REC'D BY LOCAL REG. <u>April 16, 1951</u>   |  | REGISTRAR'S SIGNATURE <u>Dorothy Wallace</u> <u>363</u>   |                           | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. White</u> ADDRESS <u>Owensville, Mo.</u>  |                       |  |                                  |

(Licensed Embalmer's Statement on Reverse Side)

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

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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

APR 30 1951

RECEIVED

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Malford H. Winter

Licensed Embalmer No. 3838

P. O. Address. OWENSVILLE 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.