

FILED NOV 3 1951

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33679
State File No. 4442
Registrar's No. 4442

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
c. LENGTH OF STAY (in this place) **75 yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Joseph Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
d. STREET ADDRESS (If rural, give location) **3627 Michigan**

3. NAME OF DECEASED
a. (First) **FRANK** b. (Middle) **K.** c. (Last) **LACY**
4. DATE OF DEATH (Month) (Day) (Year) **10 16 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **Dec. 4, 1874** 9. AGE (in years last birthday) **76** 10. MONTHS **76** 11. DAYS **76** 12. HOURS **76** 13. MIN. **76**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Foreman-Doerr Construction Co.**
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) **Delaware**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **George Lacy** 13b. MOTHER'S MAIDEN NAME **Sarah Chandler** 14. NAME OF HUSBAND OR WIFE **Mrs. Lela Culp Lacy**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. **495-09-9683**
17. INFORMANT'S SIGNATURE OR NAME **Mrs. Lela Culp Lacy** ADDRESS **3627 Michigan Ave.**

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinomatosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Carcinoma of prostate**
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 **2 mo**
2 yr
177X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

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)
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8/15/51**, 19**51**, to **10/16**, 19**51**, that I last saw the deceased alive on **10/16**, 19**51**, and that death occurred at **7:30 P.** m., from the causes and on the date stated above.

23a. SIGNATURE **W. B. Mc Cunniff** (Degree or title) **M/D** 23b. ADDRESS **836 Argyle Bldg** 23c. DATE SIGNED **10/16/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **10/19/51** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park** 24d. LOCATION (City, town, or county) (State) **Kansas City, Mo.**

DATE REC'D BY LOCAL REG. **10-18-51** REGISTRAR'S SIGNATURE **Eralding Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **FREEMAN MORTUARY & CHAPEL,** ADDRESS **K.C., MO.**

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Willie H. Bennett*

Licensed Embalmer No. *4438*

P. O. Address *A. C. 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.