

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19788**

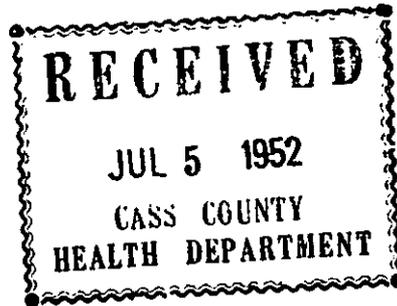
FILED JUL 9 1952

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4099** Registrar's No. **101**

190

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

1. PLACE OF DEATH a. COUNTY Cass			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass c. CITY (If outside corporate limits, write RURAL and give township) Pleasant Hill, Missouri.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill		c. LENGTH OF STAY (In this place) 6 yrs	d. STREET ADDRESS (If rural, give location) Happy Hill		e. FULL NAME OF HOSPITAL OR INSTITUTION Happy Hill
3. NAME OF DECEASED (Type or Print) a. (First) Horace b. (Middle) Calvin c. (Last) Lacy			4. DATE OF DEATH (Month) (Day) (Year) 6 - 26 - 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 3, 1875	9. AGE (In years last birthday) 76	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY retired farmer	11. BIRTHPLACE (State or foreign country) knoxville, Tennessee		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Richard Reece Lacy		13b. MOTHER'S MAIDEN NAME Amanda Jane Clark	14. NAME OF HUSBAND OR WIFE Sarah Naomi Lacy		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sarah Naomi Lacy-Pleasant Hill		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident ANTECEDENT CAUSES C.M.S. Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic heart disease Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 8 hrs. 10 years 10 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		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) 331X		
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 June, 1947 to 6-26-1952 , that I last saw the deceased alive on 6-26-1952 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. E. Leland, M.D.		23b. ADDRESS Pleasant Hill, Mo.		23c. DATE SIGNED 6-26-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6-27-52	24c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery	24d. LOCATION (City, town, or county) (State) Freeman, Missouri		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE July 2, 1952 Nora Barnard		4-7	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allen W. Brownfield Pleasant Hill		



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 L. Anderson

Licensed Embalmer No. 4674

P. O. Address Pleasant Hill, 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.