

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **32552**

**ED SEP 23 1952**

REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **4424** Registrar's No. **108**

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

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Humansville</b>		c. LENGTH OF STAY (In this place) <b>42 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lessie</b> b. (Middle) <b>Lee</b> c. (Last) <b>Cacy</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9-8-52</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>12-29-81</b>
9. AGE (In years last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cedar County Missouri</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>W.H.H. Callahan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Gannaway</b>	
14. NAME OF HUSBAND OR WIFE <b>John Walter Cacy</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>-</b>	
16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Grace Callahan</b> ADDRESS <b>Humansville</b>	
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) <b>Carcinoma of Stomach</b>  ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death. <b>151X</b>	
19a. DATE OF OPERATION <b>3/14/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma involving entire Stomach (Sent to Wash DC)</b>	
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)	
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 <b>1-12</b> , 19 <b>52</b> , to <b>9-8</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>9/6</b> , 19 <b>52</b> , and that death occurred at <b>2:45A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>J.D. Robinson M.D.</b> (Degree or title)		23b. ADDRESS <b>Humansville Mo.</b>	
23c. DATE SIGNED <b>9/8/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-10-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Humansville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Humansville, Missouri</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph Garden</b> ADDRESS <b>Beckwith Funeral Home Humansville</b>		26. DATE RECD BY LOCAL REG. <b>Sept. 17, 1952</b>	
27. REGISTRAR'S SIGNATURE <b>Ralph Garden</b>		28. REGISTRAR'S NO. <b>254-0</b>	

(Licensed Embalmer's Signature on Reverse Side)

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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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville 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.