No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33928

FILED SEP 19 1952

BIRTH NO. _____ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 6112-B Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Illmo
c. LENGTH OF STAY (In this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Illmo
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Oliver
b. (Middle): Cleveland
c. (Last): Lackey

4. DATE OF DEATH (Month) (Day) (Year): Sep 11, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 20, 1885
9. AGE (In years last birthday): 67 — 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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Pulaski Ill
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Washington Lackey
13b. MOTHER'S MAIDEN NAME: Emma Delia Essex
14. NAME OF HUSBAND OR WIFE: Mayme Brown Lackey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown): No — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs Albert Schantz — ADDRESS: St Louis 15 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis

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. senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4222
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) m.
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* 9/11/52, 19__, *to* 9/11/52, 19__, *that I last saw the deceased alive on* 9/11/52, 19__, *and that death occurred at* 8:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. E. Lee MD
23b. ADDRESS: Illmo Mo
23c. DATE SIGNED: 9/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-14-52
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county): Pulaski — (State): Ill

DATE REC'D BY LOCAL REG.: 9-13-52
REGISTRAR'S SIGNATURE: [signature] 300-0
25. FUNERAL DIRECTOR'S SIGNATURE: Bisplinghoff Funeral Home — ADDRESS: Illmo, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 15 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 952-271

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 T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missou

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.