

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26059

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 244

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>RURAL ST. FRANCOIS TWP</u>		c. CITY OR TOWN <u>RURAL - ST. MICHAELS TOWNSHIP</u>	
c. LENGTH OF STAY (in this place) <u>2 WKS.</u>		d. STREET ADDRESS (If rural, give location) <u>4 1/2 M. S.E. of FREDERICKTOWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>LAGIENDA NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LAURA</u>	b. (Middle) <u>ELLEN</u>	c. (Last) <u>LACEY</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>JULY 8 1953</u>

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>SEPT. 29, 1863</u>	9. AGE (In years last birthday) <u>89</u>	# UNDER 1 YEAR Days <u>9</u>	# UNDER 1 MTH. Hours <u></u>	# UNDER 1 MIN. Min. <u></u>
10a. USUAL OCCUPATION (If he kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MADISON COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JAMES MARSHALL</u>	13b. MOTHER'S MAIDEN NAME <u>CHARITY WHITWORTH</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY LACEY (DECEASED)</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. H.W. GITHENS - ST. LOUIS, MO.</u>
--	-------------------------------------	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Debility</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>7901</u>

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 <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 7-6, 1953, to 7-8, 1953, that I last saw the deceased alive on 7-6, 1953, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. Dookette</u>	23b. ADDRESS <u>202 Farmington, Mo</u>	23c. DATE SIGNED <u>7-10-53</u>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 10, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>July 10, 1953</u>	REGISTRAR'S SIGNATURE <u>Evelyn Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>V. Adamson - FREDERICKTOWN, MO.</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

0940
4

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.

Signed _____
Student Embalmer

Signed

Volcan Adams

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, MD

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.