

FILED SEP 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29563

State File No.

| | | | | | | | | | |
|---|---|--|--|--|---|---|---|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>275</u> | | PRIMARY REG. DIST. NO. <u>3053</u> | | Registrar's No. <u>178</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> | | | | b. COUNTY <u>Phelps</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u> | | | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James</u> | | | 0810 0 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u> | | | | d. STREET ADDRESS (If rural, give location) | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Cora</u> | b. (Middle) <u>M.</u> | c. (Last) <u>Lacy</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26 1953</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>May 22, 1882</u> | | 9. AGE (in years last birthday) <u>71</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>4</u> | IF UNDER 11 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | |
| 13a. FATHER'S NAME <u>Hardan A. Johns</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary W. Wilson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Andrew Lacy</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Andrew Lacy, St. James, Missouri</u> | | | | ADDRESS | |
| 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) <u>Regenerative Heart disease (arterio-sclerotic)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> 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 | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4221</u> | | | | | | 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) m. | | | 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 <u>8-18</u> , 1953, to <u>8-26</u> , 1953, that I last saw the deceased alive on <u>8-26</u> , 1953, and that death occurred at <u>4 P</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Wm R. Diller M.D.</u> | | | | 23b. ADDRESS <u>Rolla Mo.</u> | | | 23c. DATE SIGNED <u>8/26/53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Aug 30, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. James, Missouri</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>Aug 27, 1953</u> | | REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> | | 390- <u>390-</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Jesse Bohrer, St. James Mo.</u> | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number _____
Date Filed 9-3-53

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.....

Jesse Gahr

Signed.....
Student Embalmer

Licensed Embalmer No..... 4486

P. O. Address St. James, Missouri

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.