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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1954

J.E. Lang Dr. 5556
State File No.

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 4356 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (In this place): 14 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma 0720
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle): Albert
c. (Last): Lacy

4. DATE OF DEATH (Month) (Day) (Year): Feb. 4th, 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-21--1865
9. AGE (In years last birthday): 68 — 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): Common Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wayne Co., Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thornton Lacy
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Janie Lacy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Janie Lacy Parma, 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): CARDIAC DEGENERATION — INTERVAL BETWEEN ONSET AND DEATH: DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): TUBERCULOSIS (PULMONARY) — MONTHS
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: 002X
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* SEPT, 1953, *to* 2-1-54, 19__, *that I last saw the deceased alive on* 2-1-54, 19__, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Lange DO2
23b. ADDRESS: PARMA-MO.
23c. DATE SIGNED: 2-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-6-1954
24c. NAME OF CEMETERY OR CREMATORY: Stanfield Cemetery
24d. LOCATION (City, town, or county) (State): Near Clarkton, Mo.

DATE REC'D BY LOCAL REG.: Feb 25/54
REGISTRAR'S SIGNATURE: Dr. Geo W Kuster MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Lloyd Russell, Piggott, Ark

(Licensed Embalmer's Statement on Reverse Side)

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

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~~ me

.....

working under my personal supervision.

Student Embalmer No. .....

Signed Lloyd Russell

Signed.....
Student Embalmer

Licensed Embalmer No. 509-Ark.

P. O. Address Piggott, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.