

FILED SEP 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26934

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5500 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HARRISON</u>					
b. CITY OR TOWN <u>Rural Union</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY OR TOWN <u>Rural Union</u>		0470			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, B.M. S. Eagleville</u>				d. STREET ADDRESS (If rural, give location) <u>1m. S. Eagleville</u>					
3. NAME OF DECEASED (Type of Print) a. (First) <u>MINNIE</u> b. (Middle) <u>CHRISTINE</u> c. (Last) <u>LACY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1954</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 17, 1872</u>		9. AGE (In years last birthday) <u>82</u>	Months	Days		
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>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>HARRISON Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>George TAYLOR</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy A. Gordon</u>		14. NAME OF HUSBAND OR WIFE <u>William S Lacy</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Daton Polly Eagleville, 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, asthenia, 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>BILATERAL BRONCHO PNEUMONIA</u>				ANTECEDENT CAUSES				48 HRS.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>CARDIO-VASCULAR RENAL Dis</u>				II. OTHER SIGNIFICANT CONDITIONS				15 yrs	
Conditions contributing to the death but not related to the disease or condition causing death. <u>HEAT PROSTRATION</u>								- 3 DAYS	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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 place) _____		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 <u>July 20, 1954</u> , to <u>July 20, 1954</u> , that I last saw the deceased alive on <u>July 20, 1954</u> , and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Bethany, Missouri</u>			23c. DATE SIGNED <u>7/21/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 22, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hotels Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Eagleville, Mo - Rural</u>				
DATE REC'D BY LOCAL REG. <u>Sept 2-1954</u>		REGISTRAR'S SIGNATURE <u>Florence C. Powell</u>		449-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald W. Boygan</u>		ADDRESS <u>Eagleville, Mo</u>	

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

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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 Harold W. Rogers

Licensed Embalmer No. 4762

P. O. Address Eagle Mills, 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.