

FILED NOV 5 - 1954

STANDARD CERTIFICATE OF DEATH

33172

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 530

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

1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Poplar Bluff</u>		c. LENGTH OF STAY (on this place) <u>1 hour</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Duck Creek</u>		d. STREET ADDRESS (If rural, give location) <u>Puxico R#2 1030</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brandon Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>William</u> c. (Last) <u>Lacewell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 20 1954</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Apr. 12 1868</u>		9. AGE (In years last birthday) <u>86</u>
			IF UNDER 1 YEAR Months <u>6</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Miles Lacewell</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Ann Findley</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mable E Lacewell</u> ADDRESS <u>Puxico 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		
			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage (Intestinal)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of sigmoid colon</u>		<u>6 months</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			
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 <u>10-20-54</u> 19 <u>54</u> , to <u>10-20-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-20-54</u> , 19 <u>54</u> and that death occurred at <u>11:37 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W.L. Brandon, M.D.</u> (Degree or title)			23b. ADDRESS <u>1124 N. Main, Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>10-23-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 22 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rock Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Puxico Mo</u>
DATE REC'D BY LOCAL REG. <u>10/25/54</u>		REGISTRAR'S SIGNATURE <u>R. H. Wheeler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Floyd Morgan</u> ADDRESS <u>Puxico Mo</u>	

RECEIVED
Nov. ~~00~~ 2. 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

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 William H. Maynor

Licensed Embalmer No. 4640

P. O. Address Adrian, 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.