

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

439

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Hospital</u>		STREET ADDRESS (If rural, give location) <u>1222 N West End Blvd</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alberta</u> b. (Middle) <u>Lacy</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 25 1893</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 24 HRS. Days <u>6</u> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Commerce Mo.</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Pool</u>	
13b. MOTHER'S MAIDEN NAME <u>Davenport</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Lacy (Deceased)</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>Mr. Albert Lacy Son</u>		ADDRESS <u>Jackson 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>Acute Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u> <u>4 yrs</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Cardiovascular Disease</u> <u>4 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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)		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>Feb 1 1955</u> , to <u>Feb 1 1955</u> , that I last saw the deceased alive on <u>Feb 1 1955</u> , and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. O. L. Seaberg M.D.</u>		23b. ADDRESS <u>Cape Girardeau, Mo.</u>	
23c. DATE SIGNED <u>2-2-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb 3 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Estes</u>	
DATE REC'D BY LOCAL REG. <u>2-3-55</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Cape Girardeau Mo.</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Cape Girardeau Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. H. Estes*.....

Licensed Embalmer No. *356*

P. O. Address *Cape Girardeau*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.