

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 23 1955

State File No. 7181

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. LENGTH OF STAY (in this place) 1 hour		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincents Hospital		d. STREET ADDRESS (If rural, give location) 120 W. Anderson			

3. NAME OF DECEASED (Type or Print) a. (First) Guy b. (Middle) Wallace c. (Last) Lackey			4. DATE OF DEATH (Month) (Day) (Year) March 15, 1955		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 28, 1882		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Garage owner				10b. KIND OF BUSINESS OR INDUSTRY ---				11. BIRTHPLACE (State or foreign country) Inman, Kansas				12. CITIZEN OF WHAT COUNTRY? USA			
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13a. FATHER'S NAME Curtis G. Lackey				13b. MOTHER'S MAIDEN NAME Phoebe Rebecca Birch				14. NAME OF HUSBAND OR WIFE Ethel A. Lackey			
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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 Paul L. Lackey				ADDRESS Aurora, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
<p>*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crown disease											
		ANTECEDENT CAUSES											
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											
		DUE TO (b) _____											
		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								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 4201			
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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?			
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22. I hereby certify that I attended the deceased from **2-15-55**, 19, to **3-15-55**, 19, that I last saw the deceased alive on **3-15-55**, 19, and that death occurred at **3:35 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank R. Kern MD				23b. ADDRESS Monett, Mo				23c. DATE SIGNED 3-16-55			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/18/55		24c. NAME OF CEMETERY OR CREMATORY Maple Park		24d. LOCATION (City, town, or county) (State) Aurora, Missouri					
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DATE REC'D BY LOCAL REG. 3-18-55		REGISTRAR'S SIGNATURE Mrs. P.N. Cook			513		25. FUNERAL DIRECTOR'S SIGNATURE Erwin O. Russell						ADDRESS Aurora, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 355-217

DATE REC. 3-22-55

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 James D. Crayton

Licensed Embalmer No. 4668

P. O. Address Aurora, 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.