

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 7 - 1955

 BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
c. LENGTH OF STAY (in this place) 4 DAYS		d. STREET ADDRESS (If rural, give location) 505 1/2 PENNSYLVANIA AVE.	
3. NAME OF DECEASED a. (First) JOHN b. (Middle) _____ c. (Last) LACY			4. DATE OF DEATH (Month) (Day) (Year) JUNE 24, 1955
5. SEX M	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 10, 1888
9. AGE (In years last birthday) 66		# UNDER 1 YEAR Months _____ Days _____	# UNDER 1 WEEK Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY LONG-BELL LBR. CO.	11. BIRTHPLACE (State or foreign country) VICTORIA, LA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JACK LACY		13b. MOTHER'S MAIDEN NAME HATTIE FORT	14. NAME OF HUSBAND OR WIFE GENEVIEVE 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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS GENEVIEVE LACY, 505 1/2 PENN. AVE.
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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & Hypertension DUE TO (c) Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X	
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 bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>6/22/1955</u> , to <u>6/24/1955</u> , that I last saw the deceased alive on <u>6/24/1955</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) G. A. Schulte		23b. ADDRESS 421 Frisco Bldg, Joplin, Mo	23c. DATE SIGNED 6/27/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-27-55	24c. NAME OF CEMETERY OR CREMATORY PARKWAY CEMETERY,	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
DATE REC'D BY LOCAL REG. 6-30-55	REGISTRAR'S SIGNATURE J. D. James '38' <i>by Charles S. Simpson</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	

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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.....

working under my personal supervision.

Student Embalmer No.....

Signed *F. M. Jones*

Signed.....
Student Embalmer

Licensed Embalmer No. *2319*

P. O. Address *Gap Hill Md*

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.