

BIRTH NO. FILED MAY 25 1956 DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY STODDARD		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN 915 N. GRAND, ST. LOUIS, MO.)		c. LENGTH OF STAY (In this place) 29 DAYS	c. CITY OR TOWN DEXTER		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			e. STREET ADDRESS (If rural, give location) GENERAL DELIVERY		
3. NAME OF DECEASED (Type or Print) a. (First) HOWARD b. (Middle) E. c. (Last) LACEY			4. DATE OF DEATH (Month) (Day) (Year) 5-10-56		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-4-33	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) CANALON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME RUBIN LACEY		13b. MOTHER'S MAIDEN NAME LOUISE CROWELL		14. NAME OF HUSBAND OR WIFE JUANITA LACEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES KOREAN		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, 915 N. GRAND, ST. LOUIS, MO.		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MULTIPLE SCLEROSIS INTERVAL BETWEEN ONSET AND DEATH 5 MONTHS ANTECEDENT CAUSES Morbid 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 5-9-56	19b. MAJOR FINDINGS OF OPERATION NORMAN VENTRICULOGRAMS				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 4-11, 1956, to 5-10, 1956, and that death occurred at 4:30pm., from the causes and on the date stated above.					
23a. SIGNATURE OF REGISTRAR <i>W. Fitzpatrick</i> (Degree or title) W. FITZPATRICK MD			23b. ADDRESS VAH, 915 N. GRAND, ST. LOUIS, MO.		23c. DATE SIGNED 5-10-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/10/56	24c. NAME OF CEMETERY OR CREMATORY Dexter Missouri		24d. LOCATION (City, town, or county) (State) Dexter Missouri	
DATE REC'D BY LOCAL REG. MAY 16 1956	REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Fendler Mortuary 5611 S Grand		

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

SEP 11 1956

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 E Morris*

Licensed Embalmer No. *33*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.