

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33388

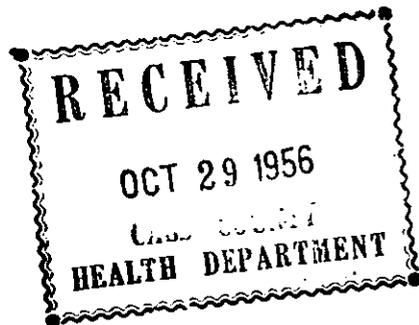
FILED OCT 31 1956

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4098 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Belton		c. CITY OR TOWN Belton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 808 Baldwin		d. STREET ADDRESS 808 Baldwin	
Length of stay in lb 23 yrs		(If outside, give location) 0190	
3. NAME OF DECEASED (Type or print) First Middle Last LAURA LOLA LACY		4. DATE OF DEATH Month Day Year Oct. 19, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 4, 1870
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Morristown, Tenn
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William T. Austin	
14. MOTHER'S MAIDEN NAME Eliza Easley		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 Address Mrs. Helen Crawford Belton, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure			INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUPLICATE TO (b) Coronary Occlusion			
DUPLICATE TO (c) arterio-sclerosis.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I:(a) Fracture of neck of right femur. 4201F			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 14 Sept 1956 to 19 Oct 1956 and last saw her alive on 17 Oct 1956 . Death occurred at 12 Noon on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deaf or mute) John S. McLee D. O.	22b. ADDRESS Belton, Mo.	22c. DATE SIGNED 10/20/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/22/1956	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cem	23d. LOCATION (City, town, or county) (State) Jackson Co., Missouri
24. FUNERAL DIRECTOR ADDRESS E. K. George & Sons Belton, Mo.	25. DATE RECD. BY LOCAL REG. Oct 22 1956	26. REGISTRAR'S SIGNATURE Dora Barnard	

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only embossed diseases in Part I. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard E. Garg*

Licensed Embalmer No. *39*

P. O. Address *Boston*

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.