

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27904

State File No. _____

FILED SEP 3 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>107</u>		
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>15 Hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>0720</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>SHELBY</u> c. (Last) <u>LACKEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 10 57</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 20th, 1892</u>		
9. AGE (In years last birthday) <u>64</u>		# UNDER 1 YEAR Months <u>64</u> Days _____		# UNDER 2 WKS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sharp County, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas A. Lackey</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah E. Vason</u>			14. NAME OF HUSBAND OR WIFE <u>Lorene Lackey</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lorene Lackey Gideon, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medicinal Certification</u> <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? <u>2</u> 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>8/7</u> , 19 <u>57</u> , to <u>8/10</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>8/10</u> , 19 <u>57</u> , and that death occurred at <u>11:20 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>James Russell M.D.</u>				23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>8/10/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-12-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belles Chappel</u>		24d. LOCATION (City, town, or county) (State) <u>Arline, Arkansas</u>		
DATE REC'D BY LOCAL REG. <u>8-12-57</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James Russell Leggett, Ark</u>				

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 8-27-5

COUNTY FILE NUMBER 857-1

SEP 5 1958

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, ~~as by~~

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Lloyd Russell
Licensed Embalmer No. 509 Ark
P. O. Address Liggott, Ark

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.