

DR. LANNING  
**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-020112**

FILED VS JUN 8 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 214

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Marion</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		a. STATE <b>Missouri</b> COUNTY <b>Marion</b>		c. CITY OR TOWN <b>Hannibal</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>211 So. 4th St.</b>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>211 So. 4th St.,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>Nellie</b>		Middle <b>D.</b>		Last <b>Lacy</b>		Month <b>May</b> Day <b>18</b> Year <b>1960</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/14/1882</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Richmond, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Davis</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Abernathy</b>		14. NAME OF HUSBAND OR WIFE <b>William H. Lacy</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. Mabel Monroe, 211 S. 4th</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heartlar disease</b>						<b>1 yr.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Vascular disease</b>						<b>2 yrs.</b>	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days.		
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							
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 <b>4-1-60</b> to <b>4-25-60</b> and last saw her <sup>her</sup> <del>alive</del> on <b>4-25-60</b> Death occurred at <b>3:30 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Randy Lanning MD</b>				22b. ADDRESS <b>115 N. 5th St. Hannibal, Missouri</b>		22c. DATE SIGNED <b>5-25-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5/20/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Grand View Burial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Hannibal, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>H.M.O'Donnell, Hannibal, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>6/2/60</b>		26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Luscha by Lillian M. Newman</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. M. McDonnell*

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo

Note: The above <sup>2</sup>MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.