ORI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

D VS DEC 14 1960

-60-043073

STATE FILE NUMBER

NDED

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. James
Length of stay in 1b 40 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Phelps
c. CITY OR TOWN ST. James
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) —
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First John Middle V. Last Lacy
4. DATE OF DEATH Month Nov. Day 30 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-9-1881
9. AGE (last birthday) 79
IF UNDER 1 YEAR Months 9 Days 21
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Maries Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Wm T. Lacy
13b. MOTHER'S MAIDEN NAME Emelyn Monse
14. NAME OF HUSBAND OR WIFE Essie Lacy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 489-05-6484-A
17. INFORMANT Robt. A. Lacy (Son) Address St. James, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardio Vascular renal disease
DUE TO (c) + Arteriosclerosis
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 April 6, 55, to Nov 30, 60 and last saw her/him alive on Nov 30, 60
Death occurred at 12:19 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard E. Myers (Degree or title) DO
22b. ADDRESS Newburg, Mo.
22c. DATE SIGNED Dec 1, 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 3-1960
23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
23d. LOCATION (City, town, or county) St. James (State) Mo.

24. FUNERAL DIRECTOR Oral E. Lickliter ADDRESS St James, Mo
25. DATE RECD. BY LOCAL REG. 12-3-1960
26. REGISTRAR'S SIGNATURE Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JAN 17 1961

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 _____ ME _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Oral E Lickliter

Signature of Student Embalmer

Licensed Embalmer No. 3549

P. O. Address St James

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