# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013257
STATE FILE NUMBER

AMENDED

Registration District No. 118 Primary Registration District No. 5440 Registrar's No. 15

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay Twp. — Length of stay in 1b lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gasconade
c. CITY OR TOWN Bland — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural route — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Emmet Middle Richard Last Lacy
4. DATE OF DEATH Month April Day 27, Year 1961
5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-3-1886
9. AGE (last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired R.R. express Clerk
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and state or country) Red Bird, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Stephen W. Lacy
13b. MOTHER'S MAIDEN NAME Harriet A. Jose
14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) **
17. INFORMANT James Lacy Address Bland, Mo. Rt.

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) | Coronary Thrombosis, acute | 3 Hrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Arteriosclerosis | 5 Yrs. |
| DUE TO (c) | Bronchial Asthma | 5 Yrs. |

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 1956, to 4-27-61 and last saw ~~her~~ him alive on 4-26-61
Death occurred at 11:30 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul A. Brenner, M.D.
22b. ADDRESS Owensville Mo.
22c. DATE SIGNED 4-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 4-29-1961
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) (State) Owensville, Mo.

24. FUNERAL DIRECTOR Gottenstroeter ADDRESS Funeral Home Owensville, Mo.
25. DATE RECD. BY LOCAL REG. April 29, 1961
26. REGISTRAR'S SIGNATURE Mrs. Marvin Tappmeyer

Milford H H Winter (Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

JUN 19 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Milford H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.