# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-030299

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 135

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED AUG 28 1962

1. PLACE OF DEATH
a. COUNTY: CASS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HARRISONVILLE
Length of stay in 1b: 6 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Memorial Hospital
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First CHARLINE Middle ELIZABETH Last LACY

4. DATE OF DEATH: Month AUGUST Day 21 Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-17-1939

9. AGE (last birthday): 22

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): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): FREEMAN, MISSOURI

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Robert Glen Lacy

13b. MOTHER'S MAIDEN NAME: Ruby Muriel Rinker

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)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mrs Muriel Lacy
Address: FREEMAN, 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) Bronchopneumonia with Toxemia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Subacute bacterial endocarditis
DUE TO (c) Chronic rheumatic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Glomerulonephritis Infarct spleen

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 June 1962 to 8-21-62 and last saw her ~~him~~ alive on 8-21-62
Death occurred at 5:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Edward S. Jones (Degree or title) M.D.

22b. ADDRESS: Harrisonville Mo

22c. DATE SIGNED: 8-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-23-1962

23c. NAME OF CEMETERY OR CREMATORY: FREEMAN Cemetery

23d. LOCATION (City, town, or county) (State): FREEMAN, Missouri

24. FUNERAL DIRECTOR: Atkinson-Dickey
ADDRESS: Harrisonville, Mo.

25. DATE REC'D BY LOCAL REG.: 23

26. REGISTRAR'S SIGNATURE: Ray J. Sebree

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | 0192 | | |
| 2 | 0190 | | 2 |
| 3 | | | |
| 4 | 1 | | |
| 5 | 0 | | |
| 6 | | | |
| 7 | 0 | | |
| 8 | 1 | | |
| 9 | 414X | | |
| 10 | | | |
| 11 | | | |
| 12 | 1-0 | | |
| 13 | 2-0 | | |

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

**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 Robert W Atkenson

Licensed Embalmer No. 4902

P. O. Address Harrisonville, mo.

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.