

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-047702

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 324

FILED JAN 3 1966

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	SHOULD READ	ITEM NO.	BY AFFIDAVIT OF
1 <u>0425</u>								
2 <u>0425</u>								
3								
4 <u>0</u>								
5 <u>1</u>								
6								
7 <u>1</u>								
8 <u>2</u>								
9 <u>420.1</u>								
10								
11								
12 <u>90-3</u>								
13 <u>1-2</u>								

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLINTON</u>		Length of stay in 1b <u>1 1/2 years</u>	c. CITY OR TOWN <u>CLINTON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>909 North 2nd</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>909 North 2nd</u>
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>F.</u> Last <u>Lacey</u>			4. DATE OF DEATH Month <u>December</u> Day <u>24</u> Year <u>1965</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 18, 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired T.W.A Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tool Crib Supervisor</u>	11. BIRTHPLACE (City and state or country) <u>Shelton Nebraska</u>
13a. FATHER'S NAME <u>Frank J. Lacey</u>		14. NAME OF HUSBAND OR WIFE <u>Lela Lacey</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>557-10-5099</u>	17. INFORMANT <u>Lela Lacey</u> Address <u>909 No. 2nd - Clinton, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unknown Natural Causes</u> DUE TO (b) <u>Probable Myocardial Infarction</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
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 <u>1</u> a.m. p.m. 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 <u>CLINTON</u> COUNTY <u>MISSOURI</u> STATE <u>MISSOURI</u>	
21. I attended the deceased from <u>unattended</u> and last saw her/him alive on <u>approximately 12-24-65</u> Death occurred at <u>approximately 12-24-65</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Richard N. King M.D.</u> (Degree or title) <u>Henry County</u>		22b. ADDRESS <u>1065 3rd Clinton Mo</u>	22c. DATE SIGNED <u>12-27-65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 27, 1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CLINTON MEMORY GARDENS</u>	23d. LOCATION (City, town, or county) (State) <u>CLINTON, MISSOURI</u>
24. FUNERAL DIRECTOR <u>R.E. Nichols Chapels, CLINTON, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-27-65</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

(Licensed Embalmer's Statement on Reverse Side)

(MIB)

523
0-4
W

Permit Obtained

12-27-65

(M)

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 B. E. [Signature]

Licensed Embalmer No. 4997

P. O. Address [Signature]

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.