

DEC'D FEB 16 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

 4185
 Do not use this space.

1. PLACE OF DEATH

 (a) County Vernon Registration District No. 875
 (b) Township Center Primary Registration District No. 3039 Registered No. 29
 (c) City Nevada (d) Street No. 839 E. Woster St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 35 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

320 William Alexander Stacy
 (a) Residence, No. 839 E. Woster St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26, 1869
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 1 3

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IllinoisFATHER 13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IllinoisMOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Mrs. Hattie Hawrey (ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rockville, Mo. DATE Feb 1, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home Nevada, Mo.20. FILED Feb. 1, 1939 Allen & Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 193922. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1939, to Jan 19, 1939, 19I last saw him alive on Jan 19, 1939. Death is said to have occurred on the date stated above, at 6:30 AM.

The principal cause of death and related causes of importance were as follows:

Chronic myocardial failure Date of onset

Other contributory causes of importance:

Generalized arteriosclerosis
HyperlipemiaName of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. W. Fausch, M. D.775 (Address) Nevada, Mo.

HEALTH DEPARTMENT
DISTRICT HEALTH OFFICER
DISTRICT NO. 7

RECEIVED
District Health Officer No. 7
District File Number 7-39-26
Date Filed 2-9-39

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, *Personally*

or by

Registered Apprentice No., working under my personal supervision.

Signed

Lloyd B. Winsett

Licensed Embalmer No. 3857

P. O. Address *Newada, 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 this body is not embalmed, above space should be left blank.