

REC'D APR 13 1939

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

10823  
Do not use this space.

1. PLACE OF DEATH  
 (a) County GREENE Registration District No. 376  
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 236  
 (c) City SPRINGFIELD (d) Street No. 842 S Broadway 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 320 Mrs Nellie Edmond Stacey  
 (a) Residence, No. 842 South Broadway 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) Married  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas F Stacey  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20 1875  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 2 28

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookbinder, etc. Housewife  
 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) Fairgrove Mo

FATHER  
 13. NAME James Long  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER  
 15. MAIDEN NAME Phoebe Triplett  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Thomas F Stacey  
842 S Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE March 20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Breg C. Threine  
Springfield Mo

20. FILED 3-21 1939 Chas A. Deane Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1939 to March 17 1939  
 I last saw her alive on March 17 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Sudden Probable cause Coronary Occlusion  
 Other contributory causes of importance: Myocardial Insufficiency (hypertensive) Arteriosclerosis  
 Name of operation None Date of  
 What test confirmed diagnosis Clinical Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury  
 Nature of injury  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify None  
 (Signed) W. D. Webb, M. D.

Date of onset  
2-14-39  
20 yrs

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, .....

*Ralph Thieme*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....  
*Ralph Thieme*

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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.**