

MMF MAY 13 1940

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

16415
Do not use this space.

1. PLACE OF DEATH 2
 (a) County North Registration District No. 903
 (b) Township Smith Primary Registration District No. 6211
 (c) City Allendale (d) Street No. _____
 (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 30 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 320 Luther Stacey
 (a) Residence, No. North Co. Rural 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 6 23
 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) Sept. 1939 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Laclaire 1
 (STATE OR COUNTRY) Iowa

FATHER 13. NAME William H. Stacey 1
 14. BIRTHPLACE (CITY OR TOWN) New York
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Harriet Seeking 1
 16. BIRTHPLACE (CITY OR TOWN) New York
 (STATE OR COUNTRY)

17. INFORMANT Arthur Stacey
 (ADDRESS) Allendale, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fletcher Cemetery DATE May 1, 1940

19. FUNERAL DIRECTOR (NAME) Arch. C. Dunfee
 (ADDRESS) Grant City, Mo.

20. FILED May 6, 1940 C. W. McKim
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28, 1940
 22. I HEREBY CERTIFY, That I attended deceased from March 1, 1940, to Apr 28, 1940
 I last saw him alive on April 26, 1940. Death is said to have occurred on the date stated above, at 8:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Myocardial degeneration of heart.
 Date of onset 1938

Other contributory causes of importance: 92%

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), list in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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 _____
 (Signed) J. K. Ross, M.D.
 (Address) 91. St. _____

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Arch C. Dumble

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.