

FILED MAR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7552
Registrar's No. 96

BIRTH NO. 49-106824 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

12
7
3

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Union</u>	
c. LENGTH OF STAY (in this place) <u>3 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Route - 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anthony</u>		b. (Middle) <u>Keith</u>	
c. (Last) <u>Stacy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 7, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>March 6, 1949</u>
9. AGE (In years last birthday) <u>4</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>4</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Elmer Stacy Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Larone McFarlin</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Carmen McFarlin - Campbell, Mo.</u>		ADDRESS <u>Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra-cranial Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Difficult Labor & Prematurity</u> DUE TO (c) <u>1/26</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 6</u> , 19 <u>49</u> , to _____, 19____, that I last saw the deceased alive on <u>March 6</u> , 19 <u>49</u> , and that death occurred at <u>7 1/2</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wallace A. Selby M.D.</u>		23b. ADDRESS <u>Campbell, Mo.</u>	
23c. DATE SIGNED <u>3/11/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 7, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Campbell, Missouri</u>	
DATE, REC'D BY, LOCAL REG. <u>3/17/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
5. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>London Funeral Home - Campbell, Mo.</u>	

MAR 25 REC'D
Butler Co. Health Center
349 27
3-25-49

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.

Signed.....
Student Embalmer

not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.