

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **34226**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>313 W. Gay</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Hospital &amp; Clinic</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Flora</u> b. (Middle) <u>Mahler</u> c. (Last) <u>Stacy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 14, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 16, 1890</u>
9. AGE (In years) IF UNDER 1 YEAR: Months <u>59</u> Days _____ Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>State Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing Store Mgr</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Mahler</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Davis</u>	
14. NAME OF HUSBAND OR WIFE, ADDRESS <u>Henley Woodson Stacy (Dead)</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>523-20-5237</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Woodson Stacy</u>		ADDRESS <u>Rangely, Colorado</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric Thrombosis (Massive)</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) <u>Thrombotic Embolism from heart</u> DUE TO (c) <u>Coronary infarct (6 mos ago)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION <u>10-15-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Massive Mesenteric thrombosis (Entire small bowel)</u>	
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>10-12-49</u> , to <u>10-13-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-13-49</u> , and that death occurred at <u>8<sup>00</sup></u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. F. McKimney</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Warrensburg Mo</u>	
23c. DATE SIGNED <u>10-15-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-16-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leeton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 17, 1949</u>		REGISTRAR'S SIGNATURE <u>Saravanna Buehler</u> 119	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Brunning</u>		ADDRESS <u>Warrensburg, Mo.</u>	

(Licensed Embalmer's Certificate on Reverse Side)

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

5122

RECEIVED  
OCT 25 1949  
JOHNSON COUNTY HEALTH D. T.

**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.....

*Elmer O. Lipelet*

Student Embalmer No. *340*

working under my personal supervision.

Signed *Elmer O. Lipelet*  
Student Embalmer

Signed

*J. W. Saminger*

Licensed Embalmer No. *3377*

P. O. Address *Warrenton, 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, fact should be so stated above.