

FILED NOV 25 1949 STANDARD CERTIFICATE OF DEATH

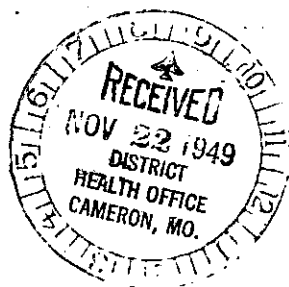
State File No.

40041

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>12355</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City</u>		c. LENGTH OF STAY (in this place) <u>12 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Smithhall Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St</u>				d. STREET ADDRESS (If rural, give location) <u>Allendale</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>Stacey</u> c. (Last) <u>Stacey</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>4</u> <u>1949</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>February 22, 1871</u>	
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>8</u> DAYS <u>12</u>		11. IF UNDER 1 YEAR Hours <u></u> Min. <u></u>		12. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Scott County, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>William Henry Stacey</u>				13b. MOTHER'S MAIDEN NAME <u>Hariette Seeking</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service)				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna Fletchall Grant City, 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u> ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerotic Cardiovascular Disease with Multiple Emboli</u> DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease with Multiple Emboli</u> DISEASE TO (c) <u>Arteriosclerotic Cardiovascular Disease with Multiple Emboli</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>44 2x</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES ☐ NO ☒							
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April</u> , 1944, to <u>Nov 4</u> , 1949, that I last saw the deceased alive on <u>Nov 4</u> , 1949, and that death occurred at <u>5 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank B. Mattheis, M.D.</u>				23b. ADDRESS <u>Grant City, Mo.</u>		23c. DATE SIGNED <u>11/5/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11 7 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fletchall Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 14 1949</u>		REGISTRAR'S SIGNATURE <u>Reta E. Dawson</u>		345		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arch C. Dumble Grant City, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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



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.

Student
Student Embalmer

Signed

Arch C Dinglee

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, fact should be so stated above.