

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42196

State File No.

FILED DEC 27 1949

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3509 Registrar's No. 444

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. FRANCOIS</u>		
b. CITY OR TOWN <u>BONNE TERRE</u>		c. LENGTH OF STAY (in this place) <u>8 WEEKS</u>	c. CITY OR TOWN <u>CANTWELL</u>		94
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSP.</u>			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>VELA</u> b. (Middle) <u>STACY</u> c. (Last) <u>STACY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 11 1949</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 10 1898</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Days <u>2</u>	IF UNDER 2 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HORSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MO. MADISON COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>LEMIAL KELLEY</u>		13b. MOTHER'S MAIDEN NAME <u>LOUIE ANN LEWIS OWEN</u>		14. NAME OF HUSBAND OR WIFE <u>STACY</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>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>OWEN STACY CANTWELL MO</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic Heart Disease</u>		DUPLICATE OF (b) <u>General arteriosclerosis</u>			<u>4 years</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c)			<u>4-5 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					<u>11/2000</u>
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 Dec. 5, 1949, to Dec. 11, 1949, that I last saw the deceased alive on Dec. 10, 1949, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marvin J. Haw, Jr. M.D.</u>		23b. ADDRESS <u>Bonne Terre, Mo.</u>	23c. DATE SIGNED <u>Dec 15, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-13-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCOIS MEO. PK.</u>	24d. LOCATION (City, town, or county) (State) <u>Hwy 61. Desloge MO</u>

DATE REC'D BY LOCAL REG. <u>Dec. 15, 1949</u>	REGISTRAR'S SIGNATURE <u>Ethel Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Z. Beyer & Son Nealys MO</u>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

12-19-49

Health Officer No. 4

Number 1249-16

have filed

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 C. G. Boyer

Licensed Embalmer No. 2671

P. O. Address Desloge, 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.