

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27354

BIRTH NO. _____ RES. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. LENGTH OF STAY (in this place) 27yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg.		8512	
d. FULL NAME OF HOSPITAL OR INSTITUTION 123, W. Gay St.		d. STREET ADDRESS (If rural, give location) 0 123, W. Gay, St.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ann c. (Last) Stacy.			4. DATE OF DEATH (Month) (Day) (Year) Aug. 19, 1950.			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 29, Apr. 1881.	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Leeton, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME L. W. Bruckart.	13b. MOTHER'S MAIDEN NAME Emma Slayter	14. NAME OF HUSBAND OR WIFE J. J. Stacy.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME J. J. Stacy.	ADDRESS Warrensburg, MO.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma (Generalized -)		known - 2yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma - Primary (breast) DUE TO (c) First known metastasis - skull - cerebral nerves - stomach - liver - pelvis lymph		15 yr 2 yr 170X
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 1945, to 8-19, 1950, that I last saw the deceased alive on 8-19, 1950, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. K. Cull, J.D. (Degree or title)	23b. ADDRESS Warrensburg Mo.	23c. DATE SIGNED 8-21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 21, Aug. 1950	24c. NAME OF CEMETERY OR CREMATORY Mineral Creek Cem.	24d. LOCATION (City, town, or county) (State) Leeton, Mo.
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DATE REC'D BY LOCAL REG. Aug 21 1950	REGISTRAR'S SIGNATURE Saranne C. Hutchins	142	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips.	ADDRESS Warrensburg, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

512

RECEIVED
AUG 28 1950
JOHNSON COUNTY HEALTH DEPT.

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 Leo P. McQuirk

Signed _____
Student Embalmer

Licensed Embalmer No. 4807

P. O. Address Warrensburg, 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.