S. No. 300
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FILED OCT 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 81046

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FREDERICKTOWN
c. LENGTH OF STAY (In this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 408 N. MAIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FREDERICKTOWN 0621
d. STREET ADDRESS (If rural, give location): 408 N. MAIN

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Wesley
c. (Last): Stacy

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6, 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: AUG. 12, 1885
9. AGE (In years last birthday): 65 — If under 1 year: Months 7, Days 24 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MADISON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Wesley Stacy
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Lizzie Stacy (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 490-14-0513
17. INFORMANT'S SIGNATURE OR NAME: CARL STACY
ADDRESS: Fredericktown, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Ptomaine. (moderate) — 10 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 4222

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) m.
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* Sept 1, 1950, *to* Oct 6, 1950, *that I last saw the deceased alive on* Oct 5, 1950, *and that death occurred at* 12:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. W. Delyene (Degree or title): D.O.M.
23b. ADDRESS: Fredericktown Mo
23c. DATE SIGNED: 10-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-8-50
24c. NAME OF CEMETERY OR CREMATORY: New Liberty Cemetery
24d. LOCATION (City, town, or county) (State): Wayne County, Mo.

DATE REC'D BY LOCAL REG.: 10-7-1950
REGISTRAR'S SIGNATURE: Florence Hicks
25. FUNERAL DIRECTOR'S SIGNATURE: WEBB-ADAMSON
ADDRESS: Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
OCT 12 1950
FILE No. 1650-29

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 Lyman W. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Fredericktown, 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.