

FILED JUL 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20742

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 206 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>FREDERICKTOWN</u>		c. CITY OR TOWN <u>FREDERICKTOWN 0621</u>	
c. LENGTH OF STAY (in this place) <u>19 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>610 N. MINE LA MOTTE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>WASHINGTON</u> c. (Last) <u>STACY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 24, 1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 24, 1862</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lead miner - ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>88</u> <u>8</u> Months <u>8</u> Days
11. BIRTHPLACE (State or foreign country) <u>MADISON CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE STACY</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>LIZZIE STACY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LIZZIE STACY - FREDERICKTOWN MO</u> ADDRESS	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial degeneration</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>			<u>18 months</u>
DUE TO (c)			
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? <u>4221</u> YES <input type="checkbox"/> NO <input 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>June 16, 1951</u> , to <u>June 24, 1951</u> , that I last saw the deceased alive on <u>June 24, 1951</u> , and that death occurred at <u>8:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>Dr. Kenneth P. Wheeler, M.D.</u>		23b. ADDRESS <u>Fredericktown, Mo</u>	23c. DATE SIGNED <u>6-25-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6/27/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON CO. MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>6-27-51</u>	REGISTRAR'S SIGNATURE <u>Therence Ticker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WEBB-ADAMSON</u> ADDRESS <u>Fredericktown, Mo.</u>	

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

621

MADISON COUNTY HEALTH DEPT.
FREDRICKTOWN, MO.

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JUL 7 - 1951
RECEIVED

FILE No. 751-38

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 L. P. Jean Adams

Licensed Embalmer No. 4357

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.