

FILED AUG 30 1951

STANDARD CERTIFICATE OF DEATH

State File No. 28000

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY St Francois <i>0950</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berkeley City <i>2091</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION US Highway 61 & 67		d. STREET ADDRESS (If rural, give location) 6113 Jefferson <i>1</i>	

3. NAME OF DECEASED a. (First) Benjamin b. (Middle) F. c. (Last) Stacy Jr.			4. DATE OF DEATH (Month) (Day) (Year) August 18, 1951			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 28, 1923	9. AGE (In years) (Last birthday) 27	IF UNDER 1 YEAR (Days) 7	IF UNDER 24 HRS. (Hours) (Min.) 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet metal worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Benjamin F. Stacy Sr.	13b. MOTHER'S MAIDEN NAME Catherine Ahearn	14. NAME OF HUSBAND OR WIFE Macie Stacy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War II	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs Macie Stacy ADDRESS Berkeley City, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION.		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coroner Jury Verdict: was caused by head on collision of 1947 Plymouth and 1951 Ford on highway - 61 & 67 six miles south of Farmington, Mo.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Skull fracture		
	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 Skull fracture	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE accident (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Liberty St. Francois Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) any 7:8 1951 6a m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? automobile collision

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Bert J. Miller (Degree or title) Coroner	23b. ADDRESS Farmington Missouri	23c. DATE SIGNED 8/21/51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8/21/51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
	24d. LOCATION (City, town, or county) (State) St. Louis Missouri	25. FUNERAL DIRECTOR'S SIGNATURE Stuart & Sons ADDRESS St Louis, Missouri
DATE REC'D BY LOCAL REG. Aug. 21 1951	REGISTRAR'S SIGNATURE Cather Rudloff	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 27 1951

RECEIVED

AUG 31 1951

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: John J. Adams

Licensed Embalmer No. 4108

P. O. Address St Louis, 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.