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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17569

BIRTH NO. _____ REG. DIST. NO. 719 PRIMARY REG. DIST. NO. 4469 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: STE. GENEVIEVE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STE. GENEVIEVE
c. LENGTH OF STAY (In this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 759 N. MAIN ST

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: STE. GENEVIEVE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STE. GENEVIEVE 0951 0
d. STREET ADDRESS (If rural, give location): 759 N. MAIN ST

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): JOHN
c. (Last): STACKLEY

4. DATE OF DEATH (Month) (Day) (Year): MAY 13 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: AUG 22 1878
9. AGE (In years last birthday): 75 — 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): LABORER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): STE. GENEVIEVE CO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HENRY STACKLEY
13b. MOTHER'S MAIDEN NAME: MARY A. SCHMIDT
14. NAME OF HUSBAND OR WIFE: LOUISE WEBER

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.: 492-10-6132
17. INFORMANT'S SIGNATURE OR NAME: Mrs Louise Stackley — **ADDRESS**: Ste. Genevieve Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5/7/54

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Bronchial pneumonia — 5/9/54

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 332 X
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* May 7, 1954, *to* May 13, 1954, *that I last saw the deceased alive on* May 13, 1954, *and that death occurred at* 5:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Lanning (Degree or title): M.D.
23b. ADDRESS: Ste. Genevieve Mo
23c. DATE SIGNED: 5/14/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: MAY 15 1954
24c. NAME OF CEMETERY OR CREMATORY: VALLE SPRING
24d. LOCATION (City, town, or county) (State): STE. GENEVIEVE MO

DATE REC'D BY LOCAL REG.: 5-14-54
REGISTRAR'S SIGNATURE: Lucille Barker 481-0
25. FUNERAL DIRECTOR'S SIGNATURE: Leo C. Barker Ste. Genevieve Mo — **ADDRESS**

(Licensed Embalmer's Statement on Reverse Side)

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 Adrian J. Ethier

Licensed Embalmer No. 4740

P. O. Address Ste Genevieve Vt

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.