

FILED JUN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17048**BIRTH NO. **124** REG. DIST. NO. **206** PRIMARY REG. DIST. NO. **5745** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MADISON	
b. CITY OR TOWN RURAL - CENTRAL TOWNSHIP		c. CITY OR TOWN RURAL	
c. LENGTH OF STAY (in this place) 18 Mos.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 mi. S.W. of FREDERICKTOWN		e. STREET ADDRESS (If rural, give location) 8 mi. S.W. of FREDERICKTOWN	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MARTHA	b. (Middle) CATHERINE	c. (Last) STACY	(Month) MAY	(Day) 30	(Year) 1956

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 16, 1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 7 Days 14	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) WAYNE COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILSON WHITE	13b. MOTHER'S MAIDEN NAME ELIZABETH WHITE	14. NAME OF HUSBAND OR WIFE J.W. STACY (DECEASED)
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. ORVILLE FRANCIS - SAGO, MO.	ADDRESS
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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 3 wks. Months Months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis		
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 332x	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) (Min.)	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 **May 21, 1956**, to **same date**, 19**56**, that I last saw the deceased alive on **May 21, 1956**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles E. Michaelis M.D.	23b. ADDRESS 355. Mine Lake Mills, Fredericktown, Mo.	23c. DATE SIGNED June 1, 1956
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24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) BURIAL	24b. DATE JUNE 1, 1956	24c. NAME OF CEMETERY OR CREMATORY MT. Pisgah Cemetery	24d. LOCATION (City, town, or county) (State) MADISON COUNTY, MO.
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DATE REC'D BY LOCAL REG. 6-1-1956	REGISTRAR'S SIGNATURE Florence Dickert	25. FUNERAL DIRECTOR'S SIGNATURE D. T. Allammon - FREDERICKTOWN, MO.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
JUN 5 - 1956
RECEIVED

FILE No. 656-23

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 _____
Signature of Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 488

P. O. Address Fredericktown

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.