

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **28744**

FILED AUG 27 1957

BIRTH NO. 184 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 247 Registrar's No. 51

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 (If outside corporate limits, write RURAL and give town) Fredericktown		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fredericktown	
c. LENGTH OF STAY (In this place) 8 years		d. STREET ADDRESS (If rural, give location) 304 S. Mine LaMotte Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 304 S. Mine LaMotte Ave.,			

3. NAME OF DECEASED (Type or Print) a. (First) Oscar	b. (Middle) Lemuel	c. (Last) Stacy	4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1957
---	---------------------------	------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 28, 1890	9. AGE (In years last birthday) 67	10. IF UNDER 1 YEAR (Months) 05	11. IF UNDER 24 HRS. (Hours) (Min.)
------------------------------	---	---	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during preceding 12 months. If retired) ret.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Madison County, Missouri	12. CITIZEN OF WHAT COUNTRY. RUSSIA.
--	--	--	---

13a. FATHER'S NAME John Stacy	13b. MOTHER'S MAIDEN NAME Lizzie London	14. NAME OF HUSBAND OR WIFE Stella Stacy
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Stella Stacy	ADDRESS Fredericktown, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Arterio Sclerosis Resulting Mental Antecedent Causes Psychosis		5 to 6 years
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Marked Anemia		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 334x
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 year 1919, to Aug 13, 1957, that I last saw the deceased alive on Aug 10, 1957, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS 14 N. 935 W. Main Fredericktown Mo	23c. DATE SIGNED 8/14/57
---	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 15, 1957	24c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park	24d. LOCATION (City, town, or county) (State) Madison County, Missouri
---	--	--	---

DATE REC'D BY LOCAL REG. 8-22-1957	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Fredericktown, Mo.
---	--	---	---

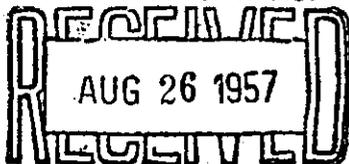
(Licensed Embalmer's Statement on Reverse Side)

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

40.300
10.48

87

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 857-53

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

Raymond B. Wilson

Licensed Embalmer No. 48801

P. O. Address

Fredricksburg, 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.