

572 cog ann.
FILED JAN 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 47020

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6150 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kinder MO. OR TOWN Kinder MO. ^{STAY (in this place)} c. LENGTH OF 3 yrs.		c. CITY OR TOWN Kinder	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 1000	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Robert	c. (Last) Stacey	4. DATE OF DEATH (Month) II (Day) 28 (Year) 1957
-------------------------------------	--------------------	--------------------	------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10/11 1881	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
-------------	------------------------	--	-----------------------------	------------------------------------	------------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Stoddard CO. MO.	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	----------------------------------

13a. FATHER'S NAME J.J. Stacey	13b. MOTHER'S MAIDEN NAME Sarah L. Stacey	14. NAME OF HUSBAND OR WIFE Deceased
--------------------------------	---	--------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vadus Stacey. Advance RT. 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis pneumonia		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis 18 mo DUE TO (c) Carcinoma Rectum 3 years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerotic heart disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 154X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---------------------------------------	--

21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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 (Month) (Day) (Year) (Hour) OF INJURY	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 July 1955 to 11-28, 1957, that I last saw the deceased alive on 11-28, 1957 and that death occurred at 8:59 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stephen Parker MD	23b. ADDRESS Bloomfield Mo	23c. DATE SIGNED 12-1-57
--	----------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE II/30/1957	24c. NAME OF CEMETERY OR CREMATORY 720 Nations Cemetery	24d. LOCATION (City, town, or county) (State) Stoddard CO MO.
--	----------------------	---	---

DATE REC'D BY LOCAL REG 12/28/57	REGISTRAR'S SIGNATURE Pearl O'Connell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins & Sons Funeral Service
----------------------------------	---------------------------------------	---

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

490

JAN 9 1958

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 *Marsh Wetheris*

Licensed Embalmer No. *4717*

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