

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013861

STATE FILE NUMBER

FILED APR 16 1959

Registration District No. 160

Primary Registration District No. 559V

Registrar's No. 5V

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN JOACHIM TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN DE SOTO, MO. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. MEMORIAL HOSP.		Length of stay in 1b 10 Days	d. STREET ADDRESS (If outside, give location) R. R. #1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CHARLES Middle J. Last STACKLEY			4. DATE OF DEATH Month APR. Day 6 Year 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 27 1877	9. AGE (In years that birthday)	IF UNDER 1 YEAR Months 81	IF UNDER 24 HRS. Days 81 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) STE. GENEVIEVE COUNTY, MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME JOSEPH STACKLEY		13b. MOTHER'S MAIDEN NAME REGINA GRASS		14. NAME OF HUSBAND OR WIFE BERTHA STACKLEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address PETER STACKLEY, CRYSTAL CITY, MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage.			INTERVAL BETWEEN ONSET AND DEATH 3-27-59 to 4-6-59.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		

20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION CRYSTAL CITY, MO.	COUNTY _____ STATE _____
21. I attended the deceased from 2-23-48 to 4-6-59 and last saw him alive on 4-6-59 Death occurred at 5:35 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE B. D. [Signature] (Degree or title) M. A. O.	22b. ADDRESS 112 Mississippi Ave., Crystal City, Mo.	22c. DATE SIGNED 4-6-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE APR 18, 1959	23c. NAME OF CEMETERY OR _____ SACRED HEART	23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MISSOURI
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24. FUNERAL DIRECTOR James R. Cady, CRYSTAL CITY, MO. ADDRESS	25. DATE RECD. BY LOCAL REG. 4-7-59	26. REGISTRAR'S SIGNATURE [Signature]
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DRILL INSTRUCTIONS
APR 11 1959

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 *James Richard Cody*
Licensed Embalmer No. *4309*
P. O. Address *CRYSTAL CITY*

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.