

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015811  
STATE FILE NUMBER  
Registration No. 3235

FILED APR 20 1959 Registration District No. Primary Registration District No. Registration No. 3235

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Harvey G. Phillips</i>		Length of stay in 1b	d. STREET (If outside, give location) ADDRESS <i>1519 Leonard Ave</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Roy Leo Stuckey</i>			4. DATE OF DEATH Month Day Year <i>3-30-59</i>
5. SEX <i>M</i>	6. COLOR OF RACE <i>COL</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-25-34</i>
9. AGE (In years last birthday) <i>25</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Moving Van Worker</i>	11. BIRTHPLACE (City and state or country) <i>Fulton Ark</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Coil Stuckey</i>		13b. MOTHER'S MAIDEN NAME <i>Sallie Duggie</i>	14. NAME OF HUSBAND OR WIFE <i>Minnie M. Stuckey</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>Minnie M. Stuckey 1461 Blackstone</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Massive Intra Thoracic Hemorrhage</i> <i>Gunshot wound of Heart.</i> DUE TO (b) <i>E 981X</i> DUE TO (c) <i>suffered when shot with shot</i> <i>gun in hands of Robert</i> <i>Frank (col) in gang way</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>at 3439 Lawton Blvd 1/28 pm</i> <i>March 30, 1959. Whether justifiable</i> <i>or homicidal could not be</i> <i>determined</i>	
20a. TIME OF INJURY Hour Month, Day, Year <i>1:20 3 30 59</i> p.m.	20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo</i>	STATE
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (If nurse or title) <i>Roy M. Turner</i>	
22b. ADDRESS <i>1300 Coeb</i>		22c. DATE SIGNED <i>4/1/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>4-7-59</i>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <i>HOPE-ARKANSAS</i>
24. FUNERAL DIRECTOR <i>Gustowe 2930 Dickson</i>		25. DATE RECD. BY LOCAL REG. <i>APR 1 '59</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>

300

1-57

8

71

0

Locar, coroner, etc. must use only standard nomenclature in item 18. No symptoms written on inside. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Leroy W. Gannister*

Licensed Embalmer No. *4523*

P. O. Address *4251 Washington*

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.