

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1960

-60-040259

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9947 STATE FILE NUMBER

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13b Matilda Grissom
14 Nora
BY AFFIDAVIT OF funeral director

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b 6 mo.		c. CITY OR TOWN Saco	
c. FULL NAME OF HOSPITAL OR INSTITUTION 922 Geyer Ave.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Saco	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)	
First William		Middle Thomas		Last Stacy		Month Day Year October 13, 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12/17/1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Jewett, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME William Stacy			13b. MOTHER'S MAIDEN NAME Matilda Grissom			14. NAME OF HUSBAND OR WIFE Nora Stacy	
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 Melvin Stacy, 2232 Dodier St.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abscess kidney region DUE TO (b) Nephritis DUE TO (c) 59.3 x						INTERVAL BETWEEN ONSET AND DEATH April 1960	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition upon which death occurred. Mar 8, 1960 Fracture of Rt femur, and of Rt Pelvic Bone, and Rt Lower Ribs Generalized Arteriosclerosis, Arteriosclerosis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Heart attack					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 3-8-1960		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Saco		COUNTY Madison		STATE Mo.	
21. I attended the deceased from Jan 13, 1947 to Oct 13, 1960 and last saw him alive on Oct 9, 1960 Death occurred at 3:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Leroy E. Ellison M.D.				22b. ADDRESS 210 So Broadway St. Louis Mo		22c. DATE SIGNED 10-13-1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removed		23b. DATE 10-15-60		23c. NAME OF CEMETERY OR CREMATORY Fredericktown, Mo.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. OCT 13 1960		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert M. Munn

Licensed Embalmer No. 3749

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.