

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035529

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. \_\_\_\_\_ Registrar's No. 32

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED SEPT 18 1961**

1. PLACE OF DEATH  
 a. COUNTY **STE. GENEVIEVE**  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **STE. GENEVIEVE** Length of stay in 1b **LIFE**  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **RFD #2** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **MISSOURI** b. COUNTY **STE. GENEVIEVE**  
 c. CITY OR TOWN **STE. GENEVIEVE** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **RFD #2** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **JOSEPH** Middle **CHARLES** Last **STACKLE**  
 4. DATE OF DEATH Month **SEPT** Day **12** Year **1961**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **7-11-1876** 9. AGE (last birthday) **85** 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) **LABORER RETIRED** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) **ZELL, MISSOURI** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **HENRY STACKLE** 13b. MOTHER'S MAIDEN NAME **MARY SCHMIDT** 14. NAME OF ~~DECEASED~~ WIFE **CATHERINE OPERLE**

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. \_\_\_\_\_ 17. INFORMANT **MRS. ANDREW OPERLE, STE. GENEVIEVE, MO.** Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Acute Coronary Thrombosis**  
 DUE TO (b) **Atherosclerosis**  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from **Sept. 12, 1961** to **Sept. 12, 1961** and last saw <sup>him</sup> ~~her~~ alive on **9:00 AM 9/12/61**  
 Death occurred at **8:00 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Al. Lanning M.D.** 22b. ADDRESS **Ste. Genevieve Mo.** 22c. DATE SIGNED **9/13/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **9-15-1961** 23c. NAME OF CEMETERY OR CREMATORY **CALVARY CEMETERY** 23d. LOCATION (City, town, or county) (State) **STE. GENEVIEVE, MO.**

24. FUNERAL DIRECTOR **JEROME H. STANTON, STE. GENEVIEVE, MO.** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **14 September 1961** 26. REGISTRAR'S SIGNATURE **George F. Wood**

**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 D. Scantz*

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, 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.