MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-023713
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 100

FILED JUL 5 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0500
2 0500
3
4 1
5 0
6
7 0
8 0
9 776X
10
11
12 1-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM TOWNSHIP
Length of stay in Ib 2 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFFERSON MEMORIAL HOSP.
Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JEFFERSON
c. CITY OR TOWN PEVELY, MO.
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) PEVELY MANOR
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First MARY Middle MISHELLE Last STACK
4. DATE OF DEATH Month JUNE Day 30, Year 1962
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-28-62
9. AGE (last birthday) IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and state or country) FESTUS, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME DONALD EARL STACK
13b. MOTHER'S MAIDEN NAME DIXIE LEE HAYES
14. NAME OF HUSBAND OR WIFE NEVER MARRIED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT DONALD E. STACK Address R.R. #1 PEVELY, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Prema Turity 8 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 6/28/62 to 6/30/62 and last saw her him alive on 6/30/62
Death occurred at 10:00 AM 6/30/62 on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE [signature] (Degree or title) MD
22b. ADDRESS Herculaneum, Mo.
22c. DATE SIGNED 6/30/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JULY 1, 1962
23c. NAME OF CEMETERY OR CREMATORY SANDY BAPTIST
23d. LOCATION (City, town, or county) SANDY (State) MISSOURI
24. FUNERAL DIRECTOR James R. Cady ADDRESS CRYSTAL CITY, MO.
25. DATE RECD. BY LOCAL REG. 6/31/62
26. REGISTRAR'S SIGNATURE [signature] by John N. Stall, Deputy
(Licensed Embalmer's Statement on Reverse Side)

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.

-NOT EMBALMED-

Student _____
Signature of Student Embalmer

Signed James Richard Cady

Licensed Embalmer No. 4309

P. O. Address Crystal City, 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.