

FILED JAN 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39545

16  
4

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>410</u>	
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CAPE GIRARDEAU</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (In this place) <u>30 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		d. STREET ADDRESS (If rural, give location) <u>139 So. PARK AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>139 So. PARK AVE</u>		3. NAME OF DECEASED a. (First) <u>FRED</u> b. (Middle) <u>L.</u> c. (Last) <u>STACY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-1948</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>4-6-1862</u>	
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LIFE GUARD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		9. AGE (In years last birthday) <u>86</u> 10. UNDER 1 YEAR <u>8</u> 11. UNDER 1 HOUR <u>30</u> 12. UNDER 1 MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LIFE GUARD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>DESOTO, ILL 199</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	
13a. FATHER'S NAME <u>JESSE STACY</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH REEVES</u>		14. NAME OF HUSBAND OR WIFE <u>Vada Stacy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. F.L. STACY</u> ADDRESS <u>CAPE GIRARDEAU</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>45F</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma PHARYNX</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 MO.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio sclerosis generalizd.</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov 15, 1948</u> , to <u>Dec 27, 1948</u> , that I last saw the deceased alive on <u>Dec 27, 1948</u> and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward D Campbell, MD.</u>				23b. ADDRESS <u>Cape Girardeau MO</u>		23c. DATE SIGNED <u>12-29-48</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 30-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MO</u>	
DATE REC'D BY LOCAL REG. <u>12-30-48</u>		REGISTRAR'S SIGNATURE <u>W.G. Semmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walthus Funeral Home Cape Girardeau</u>		ADDRESS _____	

MO

RECEIVED

District Health Officer No. 4  
District File Number 149-8  
Date Filed 1-3-49

---

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 .....  
Student Embalmer

Signed Virgil W. Helch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau, 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 this body is not embalmed, fact should be so stated above.