

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41301**  
**5332**

BIRTH NO. **80769-49** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5332**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (If this place) <u>12 hrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hosp.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>5305 E. 49th.</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>Joseph</u> b. (Middle) <u>Stacy</u> c. (Last) <u>Stacy</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12-11-49</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>never married</u>	<b>8. DATE OF BIRTH</b> <u>12-11-49</u>
<b>9. AGE</b> (In years last birthday) <u>12</u>	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>infant</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Kansas City Mo.</u>
<b>12. CITIZENSHIP OF WHAT COUNTRY?</b> <u>U. S.</u>		<b>13a. FATHER'S NAME</b> <u>Clayton F. Stacy</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Alice R. Mc'Brien</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>--</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>--</u>		<b>16. SOCIAL SECURITY NO.</b> <u>--</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Clayton F. Stacy</u>		<b>ADDRESS</b> <u>5305 E. 49th</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>irremediability</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) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>7/16x</u>	
<b>19c. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Dec 11, 1949</u> , to <u>12-11, 1949</u> , that I last saw the deceased alive on <u>Dec 11, 1949</u> , and that death occurred at <u>12:20 P.M.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>Forrest S. Lowrey</u> (Degree or title)		<b>23b. ADDRESS</b> <u>1032 Professional Bldg. K.C. Mo.</u>	
<b>23c. DATE SIGNED</b> <u>12-14-49</u>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>	<b>24b. DATE</b> <u>12/15/49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>ST. MARYS CEMETERY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>KANSAS CITY MO.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>12-15-49</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Heraldine Holmes</u>	<b>2. FUNERAL DIRECTOR'S SIGNATURE</b> <u>QUIRK AND TOBIN</u> ADDRESS <u>20 W. LINWOOD</u>	

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**