

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Richard Wood  
State File No. 12644

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 341

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>9 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>State Hotel</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hotel</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Della</u> b. (Middle) _____ c. (Last) <u>Stacy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 20, 1876</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Chanute, Kansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Letha Jane Denton</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Leona Zolle r Springfield, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumo pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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>4-4</u> , 19 <u>50</u> , to <u>4-10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-9</u> , 19 <u>50</u> , and that death occurred at <u>3 a. m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank C. Schlichter M.D.</u> (Degree or title)		23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>4-10-50.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Maria h</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-10-50</u>	REGISTRAR'S SIGNATURE <u>W. G. Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>H.H. Lohmeyer Springfield, Mo.</u>	

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

396

12396  
1230

APR 17 1950

**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.

Signed \_\_\_\_\_

*Walter E. Hummel*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3808*

P. O. Address \_\_\_\_\_

*Springfield, 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.