

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12327
Registrar's No. 412

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural N Campbell Twsp		c. LENGTH OF STAY (in this place) 4 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural N Campbell Twsp	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 4, Springfield			d. STREET ADDRESS (If rural, give location) Route 4, Springfield		
3. NAME OF DECEASED (Type or Print) FRED		a. (First) FRED		b. (Middle) STACEY	
c. (Last) STACEY		4. DATE OF DEATH May 8 1951		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 4, 1874	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Genreal Farming	
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Stacey	
13b. MOTHER'S MAIDEN NAME Emilee Porter		14. NAME OF HUSBAND OR WIFE Dina Stacey		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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Dina Stacey, Springfield, Missouri		ADDRESS Springfield, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) None		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular renal disease ANTECEDENT CAUSES DUE TO (b) Senility DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 442 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) m.		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 Feb 1, 1951 , to May 8, 1951 , that I last saw the deceased alive on May 7, 1951 , and that death occurred at 9:40 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Wm H. Silsby		b. (Degree or title) M.D.		23b. ADDRESS Springfield Mo	
23c. DATE SIGNED 5-9-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 10, 1951	
24c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery		24d. LOCATION (City, town, or county) (State) Near Springfield, Missouri			
DATE REC'D BY LOCAL REG. 5-11-51		REGISTRAR'S SIGNATURE W E Handley		25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeyer	
				ADDRESS Springfield, Mo	

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

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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 James W. Wain
Licensed Embalmer No. 4650

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.