

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32942

242

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

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>EXCELSIOR SPRINGS</u> c. LENGTH OF STAY (in this place) <u>50 years</u>		c. CITY OR TOWN <u>Excelsior Springs</u> d. STREET ADDRESS (If rural, give location) <u>338 High Bluff St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>338 High Bluff.</u>		3. NAME OF DECEASED a. (First) <u>HENRY</u> b. (Middle) <u>S.</u> c. (Last) <u>STACK</u>	
4. DATE OF DEATH <u>SEPT. 30 1951</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>		8. DATE OF BIRTH <u>Aug 3, 1880</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	
11. BIRTHPLACE (State or foreign country) <u>Orrick, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jerry M. Stack</u>		13b. MOTHER'S MAIDEN NAME <u>Miss Elizabeth Wolf</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		15. SOCIAL SECURITY NO. <u>not known</u>	
16. INFORMANT'S SIGNATURE OR NAME <u>Willis F. Stack</u>		17. ADDRESS <u>338 High Bluff Ex</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive (High blood pressure)</u> DUE TO (c) <u>Arteriosclerosis</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION <u>6/28/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Transurethral section</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., to 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>6/1/51</u> , 19 <u> </u> , to <u>9/30/51</u> , 19 <u> </u> , that I last saw the deceased alive on <u>9/28/51</u> , 19 <u> </u> , and that death occurred at <u>9:22 a. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>M. D. Prackew</u>		23b. ADDRESS <u>Excelsior Springs, Mo.</u>	
23c. DATE SIGNED <u>10-1-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct 2/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery North Excelsior Springs Mo.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home, Ex. Spgs</u>	
DATE REC'D BY LOCAL REG. <u>Oct 2, 1951</u>		REGISTRAR'S SIGNATURE <u>Paroline Hutchings</u>	



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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs,

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.