

RN-8822
 XC-15559180

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **11157**
 Registrar's No. **273**

BIRTH (Month) (Day) (Year) FILED **MAY 4 1955** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 509 Park	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) GEORGE c. (Last) STACKHOUSE			4. DATE OF DEATH (Month) (Day) (Year) April 19, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 25, 1888	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Former Brakeman		10b. KIND OF BUSINESS OR INDUSTRY Railway		11. BIRTHPLACE (State or foreign country) Alton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN STACKHOUSE		13b. MOTHER'S MAIDEN NAME MALINDA PRICE		14. NAME OF HUSBAND OR WIFE LILLIAN STACKHOUSE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Hepatitis, type undetermined.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUPLICATE (b)			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c)			
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Coronary atherosclerosis.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **Apr. 18, 1955, to Apr. 19, 1955**, and that death occurred at **2:05 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) ERNEST M. TAPP, M.D., Chief Prof. Ser.		23b. ADDRESS VA Hospital Poplar Bluff, Mo.		23c. DATE SIGNED 4-19-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-23-55		24c. NAME OF CEMETERY OR CREMATORY National Cemetery, St. Louis, Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 4/25/55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Poplar Bluff	
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REPRODUCED FROM ORIGINAL USING BLACK INK—MAKE A PERMANENT RECORD

MAY 9 1953

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 4-

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Maple Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.