

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038245

STATE FILE NUMBER

9810

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 23 1958		Registration District No. 318		Primary Registration District No. 1003		Registrar's No. 9810	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Mo.				a. STATE Missouri		b. COUNTY Franklin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital				Length of stay in lb 3 Wks		d. STREET ADDRESS (If outside, give location) Leslie Rt. # 2	
3. NAME OF DECEASED (Type or print) First Samuel Middle Adam Last Stacks				4. DATE OF DEATH Month Day Year Oct. 12, 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-18, 1878	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Cuba, Missouri.	
10a. FATHER'S NAME John Stacks		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Cuba, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.				16. SOCIAL SECURITY NO. 542-28-9873		17. INFORMANT Address Ella Stacks, Sullivan, Missouri.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction of cerebral hemisphere							INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral embolus							2 1/2 days
DUE TO (c) Atrial fibrillation 4331							unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Congestive heart failure, Pneumonitis, Lt. lung, Duodenal ulcer							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 8/28/58 to 10/12/58 and last saw him alive on 10/12/58 Death occurred at 10:42 p m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Arthur W. Neilson Jr. M.D.				22b. ADDRESS 5564 Delmar Blvd., St. Louis 12, Mo.		22c. DATE SIGNED 10/13/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-13-58		23c. NAME OF CEMETERY OR CREMATORY Buffalo Cemetery		23d. LOCATION (City, town, or county) (State) Sullivan, Missouri.	
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington, Blvd.				25. DATE RECD. BY LOCAL REG. OCT 14 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. J. B.	

(Licensed Embalmer's Statement on Reverse Side)

OCT 23 1959

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.....
Signature of Student Embalmer

Signed.....
J. W. Pembler

Licensed Embalmer No. *365*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.