

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002214

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 160 Primary Registration District No. 3079 Registrar's No. 16

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 5 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jefferson		a. STATE Mo.	b. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crystal City		Length of stay in lb 61 years	c. CITY OR TOWN Crystal City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 805 Burgess		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 805 Burgess
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Middle Last Edward Michael Stackley			Month Day Year Jan. 26, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/4/1886
9. AGE (last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glassworker (Ret)	
10b. KIND OF BUSINESS OR INDUSTRY Glass Mfg.		11. BIRTHPLACE (City and state or country) Ste. Genevieve Co. Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Frank Stackley		13b. MOTHER'S MAIDEN NAME Clara Siebert	
14. NAME OF HUSBAND OR WIFE Miss Sophia Stackley, 805 Burgess, C.C.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no)	
16. SOCIAL SECURITY NO.		17. INFORMANT Miss Sophia Stackley, 805 Burgess, C.C.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Chronic Myocarditis-Valvular Disease			25 yrs.
DUE TO (b) Chronic Artero-Sclerosis			18 Yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days.
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Oct. 13, 1947 to Jan. 26, 1963 and last saw her/him alive on Jan. 24, 1963 Death occurred at 4:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Plummerford M.D.</i>		22b. ADDRESS Crystal City, Mo.	22c. DATE SIGNED Jan. 28, 63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 29, 1963	23c. NAME OF CEMETERY OR CREMATORY Catholic	23d. LOCATION (City, town, or county) (State) Crystal City, Mo.
24. FUNERAL DIRECTOR ADDRESS Vinyard Funeral Home, Inc., Festus, Mo.		25. DATE RECD. BY LOCAL REG. 1-28-63	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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 Donald H. Wemyand

Licensed Embalmer No. 54608

P. O. Address Festus, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.