

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-049193**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 4462 Registrar's No. 570

DO NOT WRITE ON THIS STUB

AMENDED

**FILED DEC 26 1963**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St Francois.</b>			2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St Francois.</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Elvins, Mo.</b>		Length of stay in 1b		c. CITY OR TOWN <b>Elvins, Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At Home.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Hwy 32.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Lottie M. Stacy.</b>			4. DATE OF DEATH Month <b>Dec</b> Day <b>11</b> Year <b>1963.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 12, 1886</b>	9. AGE (less birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House-Wife.</b>		11. BIRTHPLACE (City and state or country) <b>Iron County, Mo</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Swofford.</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Reed.</b>	
14. NAME OF HUSBAND OR WIFE <b>Monroe Stacy.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs Marvin Revelle Elvins, Mo.</b>		18. ADDRESS <b>Monroe Stacy.</b>		19. NAME OF HUSBAND OR WIFE <b>Monroe Stacy.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>
DUE TO (b) <b>Chronic myocarditis</b>					<b>142 yrs</b>
DUE TO (c) <b>Labor pneumonia</b>					<b>2 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes mellitus -</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>					
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 <u>May 3 1963</u> <u>Dec 11-63</u> last saw her <u>Dec 10-1963</u> alive on <u>Dec 10-1963</u> Death occurred at <u>11:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>JW Zuspan M.D.</b>			22b. ADDRESS <b>Flat River, Mo</b>		22c. DATE SIGNED <b>12/17/63</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-14-63.</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Wood-Lawn Cemetery.</b>	
23d. LOCATION (City, town, of county) <b>Esther, Mo.</b>		24. FUNERAL DIRECTOR <b>Caldwell &amp; Sons Flat River, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 12, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

DEC 27 1963

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, 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.