Dr. massie.

Form V. S. 1-A
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 10681
Registrar's No. 476

Registration District No. 500. Primary Registration District No. 2165

1. PLACE OF DEATH:
(a) County Fayette
(b) City or town Lexington (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: St. Joseph's Hospital.
(If not in hospital or institution write street number or location)
(d) Length of stay: In community 12. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Fayette
(c) City or town Lexington (If outside city or town limits, write RURAL)
(d) Street No. 242 College View Ave. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? yrs.

3(a) FULL NAME Mrs. Melissa Stacy Rakes.
3(b) If veteran, Name war
3(c) Social Security No. None
4. Sex F. 5. Color or race W. 6(a) Single, widowed, married, divorced Married.
6(b) Name of husband or wife Frank Rakes.
6(c) Age of husband or wife if alive Years
7. Birth date of deceased June. 18th. 1910. (Month) (Day) (Year)
8. AGE: Years 36. Months 11 Days 8 If less than one day hr. min.
9. Birthplace Hindman, Ky.
10. Usual occupation At Home.
11. Industry or business
FATHER 12. Name William Stacy
13. Birthplace Ky.
MOTHER 14. Maiden name Jeanie
15. Birthplace Ky.
16(a) Informant's own signature Frank Rakes
(b) Address 242 College View Ave.
17. BURIAL, CREMATION, OR REMOVAL
Place Lexington, Cem. Date May. 28. 1947
18(a) Signature of funeral director W. R. Milward.
(b) Address Lexington, Ky.
19(a) 5-27-1947 (Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH May. 26th. 1947. 19
21. I hereby certify that I attended the deceased from Nov. 10th 1946 to May 26th 1947. that I last saw him alive on May 25th 1947. and that death occurred on the date stated above at 5.53 A. M.

	DURATION
Immediate cause of death Carcinoma of colon	6 months
Due to Carcinoma of cervix uteri	1 year
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Stage 4 Carcinoma of cervix.
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Eugene Todd Jr MD (M. D. or other)
Address 190 n. upper St Lex. Ky. Date signed 5-26-47.