

0. 2  
5-43  
7-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35827  
Registrar's No. 24

Registration District No. 384

Primary Registration District No. 5161

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Rural 10 Mi S. Fulton, Mo.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 Years  
In this community 19 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Callaway  
(c) City or town Fulton  
(d) Street No. R.F.D. # 4  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Andrew Leavell Still  
3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 24 year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19, to \_\_\_\_\_ 19, ;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19, ;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Salome Still  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 12 1878  
(Month) (Day) (Year)

Immediate cause of death was found dead in his place of business had been dead behind the counter apparently from a coronary thrombosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	70	9	12	hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Marceline Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming & Operating Filling Station

11. Industry or business \_\_\_\_\_

12. Name Samuel Still

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Stepheson  
(City, town, or county) (State or foreign country)

15. Birthplace Wainwright Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Salome Still  
(b) Address Fulton, Mo R.F.D. # 4

17. (a) Burial (b) Date thereof 11-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Marceline, Mo.

18. (a) Signature of funeral director Wallace Funeral Home  
(b) Address 7 W 6th St. Fulton, Missouri

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? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature M. J. Barrett (M.D. or other) \_\_\_\_\_  
Address Fulton, Mo Date signed 12/27/48

19. (a) 11/29/48 (b) LeRoy Claypool  
(Date received local registrar) (Registrar's signature) \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 9,  
District File Number  
DEC 7 1948  
Date Filed

DEC 16 1948

---

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Wenzel E. Browning*.....

Licensed Embalmer No. *2724*.....

P. O. Address *Fulton 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 this body is not embalmed, fact should be so stated above.**