

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40585

State File No.

 BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5388 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway #69			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) LEONARD	c. (Last) STILL	4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 13, 1913	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months 7 Days 21	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) Trenton, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Fred Still	13b. MOTHER'S MAIDEN NAME Jessie Bosley	14. NAME OF HUSBAND OR WIFE Mrs. Doris Still
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give year or date of service) W. W. II	17. INFORMANT'S SIGNATURE OR NAME Murl Davis,	ADDRESS Trenton, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Coroner. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Multiple fractures in		88234
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. automobile accident - #		32

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION - crushed skull	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #69	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Excelsior Springs Clay Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 4 '49 7A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car accident. VY ROR
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William B. J. Magistrate	23b. ADDRESS Trenton, Mo.	23c. DATE SIGNED 12-6-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/4/1949	24c. NAME OF CEMETERY OR CREMATORY Maple Grove	24d. LOCATION (City, town, or county) (State) Trenton, Mo.
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DATE REC'D BY LOCAL REG. 12/10/49	REGISTRAR'S SIGNATURE Caroline Hutchins	25. FUNERAL DIRECTOR'S SIGNATURE Richard	ADDRESS Excelsior Springs, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 27

District Health Officer No. 3

District File Number

Date Filed 12-27-49

DEC 31 1949

JAN 3 1950

DEC 28 1949

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
Student Embalmer

Signed Leop White

Licensed Embalmer No. 4168

P. O. Address Exelior Springs, 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.