

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41485

S. No. 309
EV. 10.48

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Stentz

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

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 538

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jasper</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Jasper</p>	
b. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center;">Joplin</p>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center;">Joplin</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">308 North Schiffendackel Ave.</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">308 North Schiffendackel Ave.</p>			
3. NAME OF DECEASED a. (First) <p style="text-align: center;">William</p>		b. (Middle) <p style="text-align: center;">Henry</p>		c. (Last) <p style="text-align: center;">SILL</p>	
4. DATE OF DEATH <p style="text-align: center;">December 8, 1949</p>		5. SEX <p style="text-align: center;">Male</p>		6. COLOR OR RACE <p style="text-align: center;">W</p>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>		8. DATE OF BIRTH <p style="text-align: center;">September 16, 1870</p>		9. AGE (In years last birthday) <p style="text-align: center;">79</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Retired Driller</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Mining Industry</p>		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Taney County, Missouri</p>	
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.</p>		13a. FATHER'S NAME <p style="text-align: center;">William Sill</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Putlina Roberts</p>	
14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Rebecca Jane Sill</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Rebecca Jane Sill</p>		ADDRESS <p style="text-align: center;">308 N. Schiff. Joplin, Mo.</p>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Cerebral hemorrhage</p>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">9 da.</p>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p style="text-align: center;">Generalized arteriosclerosis</p>		10 yrs.	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331V	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11-29</u> , 19 <u>49</u> , to <u>12-8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-5-49</u> , 19 <u>49</u> , and that death occurred at <u>7:15A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <p style="text-align: center;">E. J. Stentz, M.D.</p>		(Degree or title)		23b. ADDRESS <p style="text-align: center;">410 Johnson Ave. Joplin, Mo.</p>	
23c. DATE SIGNED <p style="text-align: center;">12/12/49</p>		24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">December 10, 1949</p>	
24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Fairview Cemetery</p>		24d. LOCATION (City, town, or county) <p style="text-align: center;">Joplin, Missouri</p>		24e. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Thornhill-Dillon Mort.</p>	
24f. ADDRESS <p style="text-align: center;">Joplin, Mo.</p>		DATE REC'D BY LOCAL REG. <p style="text-align: center;">12-12-49</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">E. J. Stentz</p>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-23-49
Jasper County Health Office

County File Number 49-12-969

Date Filed 12-27-49

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 _____

Charles E. Frey

Student Embalmer No. 325

working under my personal supervision.

Student

Charles E. Frey
Student Embalmer

Signed

Jesse P. Sullivan
Licensed Embalmer No. 4646

P. O. Address

Joplin, 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.