

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37785

State File No.

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1228

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3298</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>		d. STREET ADDRESS (If rural, give location) <u>2000 Washington</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marie</u> b. (Middle) <u>Stillwell</u> c. (Last) <u>Stillwell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 20 - 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 15 1906</u>
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>not given</u>		13b. MOTHER'S MAIDEN NAME <u>not given</u>	
14. NAME OF HUSBAND OR WIFE <u>Les L. Stillwell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>NOT GIVEN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Robert Stillwell</u>		ADDRESS <u>2000 Washington, K.C. Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Syphilitic Meningo encephalitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs (est)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Syphilis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>025 X</u>	
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 (Month) (Day) (Year) (Hour) OF INJURY		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>Jan 1</u> , 1952, to <u>Nov 19</u> , 1952, that I last saw the deceased alive on <u>Nov 19</u> , 1952, and that death occurred at <u>E. 34th</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James Thomas M.D.</u>		23b. ADDRESS <u>Dr Joseph Mc of State Hosp no 2</u>	
23c. DATE SIGNED <u>11/20 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 20, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Miami Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Miami Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 28, 1952.</u>		REGISTRAR'S SIGNATURE <u>446 Carl C. Casper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u>		ADDRESS <u>Marshall, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

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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
Student Embalmer

Signed James H. Lewis
Licensed Embalmer No. 4709
P. O. Address Marshall 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.