

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1807

FILED JAN 30 1953

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prarie		c. LENGTH OF STAY (In this place) 20 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence, Missouri	
d. STREET ADDRESS 1006 South Pope		7015	
3. NAME OF DECEASED a. (First) William b. (Middle) Stillwell c. (Last) Stillwell			4. DATE OF DEATH (Month) (Day) (Year) Jan, 15, 1953
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 4, 1875
9. AGE (In years) 78		IF UNDER 1 YEAR Months Days 	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired laborer		10b. KIND OF BUSINESS OR INDUSTRY Started out in	
11. BIRTHPLACE (State or foreign country) Strasbourg, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Matt Stillwell		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Susie M. Stillwell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 426030173	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Susie M. Stillwell		ADDRESS Indep. Mo.	
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) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 490x	
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) (Minute)		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>12-26-52</u> 19 <u>52</u> , to <u>1-15-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-15-53</u> , 19 <u>53</u> , and that death occurred at <u>7:35 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Suarez-Reyna, MD		23b. ADDRESS 1032 Proj. Bldg. K.C. Mo	
23c. DATE SIGNED 1-16-53			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE 1-17-53	
24c. NAME OF CEMETERY OR CREMATOR Washburn Cem		24d. LOCATION (City, town, or county) (State) Indep. Mo	
DATE REC'D BY LOCAL REG. Jan 21-53		REGISTRAR'S SIGNATURE D. B. Langford	
483		25. FUNERAL DIRECTOR'S SIGNATURE Mo. C. Cardan	
		ADDRESS Indep. Mo.	

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ernest W. Halbrook

Signed.....
Student Embalmer

Licensed Embalmer No. *4901*

P. O. Address *Buff. N.Y.*

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.