

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29763

State File No.

FILED OCT 3 1956

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 195

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

1. PLACE OF DEATH a. COUNTY Audrain.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Ralls.		
b. CITY OR TOWN RURAL SALT SPRING		c. LENGTH OF STAY (in this place) 10 days	c. CITY OR TOWN Perry, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Neill Rest Haven			e. STREET ADDRESS (If rural, give location) Perry, Missouri.		
3. NAME OF DECEASED (Type or Print) a. (First) LOU		b. (Middle) K.	c. (Last) STILLWELL		4. DATE OF DEATH (Month) (Day) (Year) Sept 13, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 8, 1878	9. AGE (in years last birthday) 78	IF UNDER 1 YEAR Months 6 Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Ralls County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William M. Coons		13b. MOTHER'S MAIDEN NAME Lucy L. Young		14. NAME OF HUSBAND OR WIFE Henry Stillwell.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Denver Hudson Mexico, Missouri		
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) Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Patent atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH
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) 334X		
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 Aug 1, 1956 to Sept 13, 1956 , that I last saw the deceased alive on Sept 13, 1956 and that death occurred at 7:00 PM , from the causes and on the date stated above.					
23a. SIGNATURE M. W. Van ...			23b. ADDRESS Mexico, Missouri		23c. DATE SIGNED 9-14-1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 16, 56	24c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery	24d. LOCATION (City, town, or county) (State) Perry, Missouri.	
DATE REC'D BY LOCAL REG Sept 16-1956		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clyde ... Perry, Mo.	

SEP 4 1963

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No..... 3820

P. O. Address..... Perry, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.