

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

5548
Do not use this space.

FILED MAR 3 1945

1. PLACE OF DEATH

(a) County Boone Registration District No. 38
 (b) Township..... Primary Registration District No. 3006 Registered No. 7
 (c) City Columbia (d) Street No. ? St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Linnie Mae Stillwell
 (a) Residence, No. 403 Otto Court St. Columbia, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. F MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. H. Stillwell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 6 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grocery business
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Nov. 1944 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Mo.

FATHER 13. NAME John Wm. Foster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls County, Mo.

MOTHER 15. MAIDEN NAME Linnie Angelina Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co, Mo.

17. INFORMANT (ADDRESS) Mrs. Linnie S. Wright

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand View Cemetery DATE 1-14 1945

19. FUNERAL DIRECTOR (NAME) (ADDRESS) S. Wright Funeral Home
Hannibal Mo

20. FILED 1-12 1945 Edna H. Barber
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11 1945

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1944, to Jan. 11, 1945

I last saw h.c.r. alive on Jan. 10, 1945. Death is said to have occurred on the date stated above, atm.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration Date of onset 1-7-45
And to renal debility
932

Other contributory causes of importance: Hemorrhagic Puffery, possibly hem- 1-1-45
melting cord. This is linked last
note and sensory interconnection
Dissection from low back to toes

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

(Signed) J. H. Sparks, D.O., M.D.
 (Address) Columbia Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 3-2-45

MAR - 8 1945

FEB 23 1945

JUN 8 1945

MAR 28 1945

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~~.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Jack H. Lukens

Licensed Embalmer No. 4110

P. O. Address Hannibal, 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, above space should be left blank.