

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

31517  
Do not use this space.

1. PLACE OF DEATH *2*

(a) County *Jackson* Registration District No. *399*

(b) Township *Frank* Primary Registration District No. *100*

(c) City *Jackson City* (d) Street No. *1332 College* Registered No. *3645*

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(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 *Clarence W. Still*

(a) Residence, No. *1332 College* St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *Wh.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *single* (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *None*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 3 - 95*

7. AGE YEARS <i>44</i>	MONTHS <i>6</i>	DAYS <i>12</i>	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson City Mo.*

FATHER 13. NAME *Wm. C. Still*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Fremont Ohio*

MOTHER 15. MAIDEN NAME *Sadie Treadway*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Martins City Mo.*

17. INFORMANT (ADDRESS) *Sadie A. Still 1332 College*

18. BURIAL, CREMATION, OR REMOVAL PLACE *mt. Moriah* DATE *Sept 18 1939*

19. FUNERAL DIRECTOR (ADDRESS) *Eglar Funeral Home 74 C. Mo.*

20. FILES *Sept 18 1939 M. M. Browne* Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 15 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Sept - 13 1939* to *Sept 15 1939*

I last saw him alive on *Sept 15 1939*. Death is said to have occurred on the date stated above, at *2:10* p.m.

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

*Pleurisy with effusion* Date of onset

*n.m.o.*

Other contributory causes of importance *Chon. Endocarditis*

Name of operation *None* 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? *No*

If so, specify *Chronic* M. D.

(Signed) *G. C. Remley*

(Address) *32 Argyle Bldg*

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

50M-7-20-37 I X12004

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.

Mr. J. E. Pennington  
2926 B. Road. N. 8228  
Wayle 12/19/13

STATEMENT BY LICENSED EMBALMER

I, Chas Wilks Licensed Embalmer No. 2644

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Chas Wilks  
Licensed Embalmer No. 2644

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.)