No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1940

State File No. 31311

Registration District No. 6241 Primary Registration District No. 37 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Barry
(b) ~~City or town~~ Ash Tm. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Barry
(c) City or town Seligman, Mo (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Vesta Jane Still
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Still
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July (Month) 21 (Day) 1878 (Year)

8. AGE: Years 62 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Barry Co. Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business 0
MOTHER FATHER
12. Name Spencer Lenox
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
MOTHER FATHER
14. Maiden name Caldona Pettis
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant John Still
(b) Address Seligman, Mo R1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13 1940 (Month) (Day) (Year)
(c) Place: burial or cremation King Cem.
18. (a) Signature of funeral director Ralph Miller
(b) Address Rea Ridge, Ark.
19. (a) 9/13/40 (Date received local registrar) (b) Freida Edens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1940 hour 10:00 minute A.M.
21. I hereby certify that I attended the deceased from Aug. 1. Aug 1. 1940 to Sept. 11, 1940
that I last saw her alive on Sept. 11. 1940, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia.
Due to Chronic Interstitial Nephritis.
Due to Chronic Colitis and enteritis.
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 9 (Specify type of place)
While at work? (e) Means of injury
23. Signature Dr Chas. R Brown (M. D. or other) 3
Address Seligman Mo. Date signed

(deputy) (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1040-2689

Date Filed OCT 10 1940

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 .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.