

FILED AUG 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27147

Registrar's No. 258

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5370

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 town) Levasy		c. CITY (If outside corporate limits, write RURAL and give township) Levasy	
c. LENGTH OF STAY (In this place) 5 Years		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) DAVID	
c. (Last) STILL		4. DATE OF DEATH (Month) (Day) (Year) Aug. 17, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 8, 1872
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	
11. BIRTHPLACE (State or foreign country) Holden, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Hiram H. Still		13b. MOTHER'S MAIDEN NAME Jemima June Trembley	
14. NAME OF HUSBAND OR WIFE Grace E. Still			
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. 495-09-1502	
17. INFORMANT'S SIGNATURE OR NAME Grace E. Still		ADDRESS Levasy, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia INTERVAL BETWEEN ONSET AND DEATH 1 week ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) aged arteriosclerosis 10 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7330	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:17P.m. , from the causes and on the date stated above.			
23a. SIGNATURE Field W. Smith, M.D. (Degree or title)		23b. ADDRESS 10229 Judyp Rd. Ke-3	
23c. DATE SIGNED 8/19/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/20/49	
24c. NAME OF CEMETERY OR CREMATORY Creighton		24d. LOCATION (City, town, or county) (State) Creighton, Missouri	
DATE REC'D BY LOCAL REG. Aug. 18-1949		REGISTRAR'S SIGNATURE [Signature] 354	
25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks		ADDRESS Independence, Mo.	

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

NOV 22 1948

AUG 30 1948

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
Student Embalmer

Signed *Stanley M. Seaton*

Licensed Embalmer No. 4504

P. O. Address Independence, Missou

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.