

FILED AUG 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27841

861

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, write RURAL and give township) UNIONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) LEMONS 1860	
c. LENGTH OF STAY (in this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE HOSPITAL			
3. NAME OF DECEASED (Type or Print) MARTHA		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 20 1950	
a. (First) REBECCA		b. (Middle) STILLE	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH DEC. 29 1871	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (State or foreign country) IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ELIAS B. PETERMAN		13b. MOTHER'S MAIDEN NAME HARRIETT LANE	
14. NAME OF HUSBAND OR WIFE JOSEPH STILLE		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 Mrs. Dorothy Beers Wayland Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis INTERVAL BETWEEN ONSET AND DEATH 10 7/8 months  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & hypertension DUE TO (c) Sudden rupture of aorta II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. See papers by X-Rays 7 years 4201	
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 Aug 14, 1950, to Aug 20, 1950, that I last saw the deceased alive on Aug 20, 1950, and that death occurred at 6A m., from the causes and on the date stated above.			
23a. SIGNATURE Chas. L. Judd M.D.		23b. ADDRESS Unionville Mo	
23c. DATE SIGNED 8/24/50		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE AUG. 23 1950		24c. NAME OF CEMETERY OR CREMATORY LEMONS CEMETERY	
24d. LOCATION (City, town, or county) (State) LEMONS MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE BY J. W. Comstock	
DATE REC'D BY LOCAL REG. 8-24-50		REGISTRAR'S SIGNATURE Marvell D. ... 266	
25. FUNERAL DIRECTOR'S SIGNATURE BY J. W. Comstock		ADDRESS UNIONVILLE MO.	

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

Date Received: AUG 29 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 8-50-1409  
Date Filed: AUG 30 1950

**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

*James W. Comstock*

Licensed Embalmer No. *4197*

P. O. Address

*Unionville, 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, fact should be so stated above.