

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2000

FILED JAN 24 1951

BIRTH NO. 124 82685-50

REG. DIST. NO. 316

PRIMARY REG. DIST. NO. 6074 Registrar's No. 21

0940

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>		
b. CITY OR TOWN <u>Leadwood</u>		c. LENGTH OF STAY (in this place) <u>23 Days</u>	c. CITY OR TOWN <u>Leadwood</u>		0940
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leadwood</u>			d. STREET ADDRESS (If rural, give location) <u>None</u>		

3. NAME OF DECEASED a. (First) <u>Jeffrey</u> b. (Middle) <u>Lynn</u> c. (Last) <u>Stillman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 24, 1950</u>		9. AGE (In years last birthday) <u>0</u>	# UNDER 1 YEAR <u>0</u>	# UNDER 1 YEAR <u>22</u>	# UNDER 1 MIN. <u>22</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Earl Stillman</u>		13b. MOTHER'S MAIDEN NAME <u>Peggy Gore</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Earl Stillman</u> ADDRESS <u>Leadwood, Mo.</u>			
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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) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1-2 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from 12-24, 1950 to 1-16, 1951; that I last saw the deceased alive on 1-16, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Hunt</u>		23b. ADDRESS <u>Leadwood, Mo.</u>		23c. DATE SIGNED <u>1/17/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/17/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leadwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leadwood, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Jan. 18, 1951</u>	REGISTRAR'S SIGNATURE <u>Eather Rusloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>But L Boyer</u> ADDRESS <u>Leadwood, Mo.</u>	
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 22 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed William E. Bayer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.