

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15431

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 4552		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY Wright Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright			
b. CITY OR TOWN Mtn. Grove, Mtn. Grove		c. LENGTH OF STAY (In this place) Lifetime		c. CITY OR TOWN Mtn. Grove, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 230 OAK St. 114/7			
3. NAME OF DECEASED (Type or Print) a. (First) Albertt b. (Middle) ROSS c. (Last) Stillwell			4. DATE OF DEATH (Month) (Day) (Year) April 13 1951				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED		8. DATE OF BIRTH MARCH 31, 1886	
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		11. BIRTHPLACE (State or foreign country) Douglas Co, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel R. Stillwell		13b. MOTHER'S MAIDEN NAME Clementine Nelson		14. NAME OF HUSBAND OR WIFE Effie Pooley			
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. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Effie Stillwell, Mtn. Grove			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate 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.					INTERVAL BETWEEN ONSET AND DEATH
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)		177X	
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?			
22. I hereby certify that I attended the deceased from Mar. 15, 1951, to Apr. 13, 1951, that I last saw the deceased alive on Apr. 12, 1951, and that death occurred at 7:25 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. C. McKinney M.D.				23b. ADDRESS Mtn. Grove Mo.		23c. DATE SIGNED 4-14-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/14/51	24c. NAME OF CEMETERY OR CREMATORY Hillcrest		24d. LOCATION (City, town, or county) (State) Mtn. Grove Mo.		
DATE REC'D BY LOCAL REG. 4-17-51		REGISTRAR'S SIGNATURE G. B. Ames 348		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Russell Barber Mtn. Grove			

(Licensed Embalmer's Statement on Reverse Side)

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

PAID 8 1962

HEALTH DEPT.
APR 24 1961
WRIGHT
County File Number 451-42
Date Filed 4-28-61

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 *Russell Barber*

Licensed Embalmer No. *3848*

P. O. Address *Mtn. Grove, Ga.*

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.