

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20698**

FILED JUL 2 - 1951

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **428**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chaniton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline 0210	
c. LENGTH OF STAY (in this place) 6 Wks		d. STREET ADDRESS (If rural, give location) Rural R.F.D #2 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bunton Rest Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Benjamin	b. (Middle) Franklin	c. (Last) Still	4. DATE OF DEATH (Month) (Day) (Year) June 1, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 23, 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR 8 Months 8 Days	IF UNDER 24 HRS. 8 Hours 8 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Header	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Macon County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Still	13b. MOTHER'S MAIDEN NAME Elizabeth Stephenson	14. NAME OF HUSBAND OR WIFE Verda Still
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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) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Clark Still	ADDRESS Marceline, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) Coronary Thrombosis			1 da.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last: DUE TO (b) Coronary Sclerosis			4 yrs.
	DUE TO (c) Cancer of Prostate		4201H	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2 yrs.	

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) m.	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 May 15, 1950, to June 1, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Philip A. Ottman, M.D.	23b. ADDRESS Marceline, Mo.	23c. DATE SIGNED 6/3/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/4/51	24c. NAME OF CEMETERY OR CREMATORY High Hill	24d. LOCATION (City, town, or county) (State) Marceline (near) Mo
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DATE REC'D BY LOCAL REG. June 4-5	REGISTRAR'S SIGNATURE 401	25. FUNERAL DIRECTOR'S SIGNATURE James M. Laughlin	ADDRESS Marceline, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

581
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Date Received: JUN 28 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-116
Date Filed: JUN 29 1951

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 George W. Davolt

Licensed Embalmer No. 4799

P. O. Address Marline, Mi

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.