

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300 FILED JAN 28 1952  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. GROVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. GROVE</u>	
c. LENGTH OF STAY (in this place) <u>2</u>		d. STREET ADDRESS (If rural, give location) <u>LAKE STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKE STREET</u>		d. STREET ADDRESS (If rural, give location) <u>LAKE STREET</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DARGIS</u> b. (Middle) <u>STILLWELL</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>1-12-52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 5 1880</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>4</u>	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT WORK</u>	
11. BIRTHPLACE (State or foreign country) <u>SHANNON Co. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE ROYAL</u>		13b. MOTHER'S MAIDEN NAME <u>JANE LA RUE</u>	
14. NAME OF HUSBAND OR WIFE <u>JOHN STILLWELL</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lucas Stillwell</u> ADDRESS _____	
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) <u>Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>lobar pneumonia</u> 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 <u>1 Day</u> <u>1 week</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>490X</u>	
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) _____		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 <u>1-7</u> , 19 <u>52</u> , to <u>1-12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-11</u> , 19 <u>52</u> , and that death occurred at <u>12:30</u> Am., from the causes and on the date stated above.			
23a. SIGNATURE <u>W.A. Craig D.O.</u> (Degree or title)		23b. ADDRESS <u>Mountain Grove Mo</u>	
23c. DATE SIGNED <u>1-16-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-14-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LONE STAR</u>		24d. LOCATION (City, town, or county) (State) <u>MTN. GROVE MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-16-52</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u> <u>348</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ruth Barber</u> ADDRESS <u>mtn. Grove</u>			

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

WRIGHT CO. HEALTH DEPT.  
COUNTY FILE NUMBER 15-2-10  
DATE FILED Jan 25 52

Wright

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 Rev. Bank

Licensed Embalmer No. 0848

P. O. Address Inty. Home

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.