No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39376

FILED DEC 2 1952

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3639 Registrar's No. 514

1. PLACE OF DEATH a. COUNTY: Linn	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline c. LENGTH OF STAY (in this place):	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline Twp 05
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Richie	d. STREET ADDRESS (If rural, give location): East of Marceline

3. NAME OF DECEASED (Type or Print)	a. (First): Inez	b. (Middle): Elizabeth	c. (Last): Still	4. DATE OF DEATH (Month) (Day) (Year): Nov. 15, 1952
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb. 7, 1908	9. AGE (In years last birthday): 44 — If under 1 year: Months 9, Days 8 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and State or Foreign Country): Chariton County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: James Wm Linebaugh	13b. MOTHER'S MAIDEN NAME: Sarah E. Lake	14. NAME OF HUSBAND OR WIFE: Alvah Lee Still		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S SIGNATURE OR NAME: Alvah L Still	ADDRESS: Marceline, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Viral Enteritis
DUE TO (c) Post-Cholecystectomy (11/3/52)

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 ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/8, 1952, *to* 11/15, 1952, *that I last saw the deceased alive on* 11/15, 1952, *and that death occurred at* 1.00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Otis Cass D.O.	23b. ADDRESS: Marceline, Mo.	23c. DATE SIGNED: 11/17/52
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11/18/52	24c. NAME OF CEMETERY OR CREMATORY: Peden Chapel
24d. LOCATION (City, town, or county) (State): East of Marceline, Mo		
DATE REC'D BY LOCAL REG.: 11/18/52	REGISTRAR'S SIGNATURE: Mary Jane Owens 401	25. FUNERAL DIRECTOR'S SIGNATURE: J. A. McLaughlin Marceline Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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 X

X Student Embalmer No. X

working under my personal supervision.

Student X
Student Embalmer

Signed George W. Darnell

Licensed Embalmer No. 4799

P. O. Address Moberlie, 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.