

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8910

State File No. \_\_\_\_\_

APR 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 409

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cummings, R.R. # 1</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buchanan County Jail</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>A.</u> c. (Last) <u>Still</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 1, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 25, 1891</u>		9. AGE (In years last birthday) <u>62</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		

13a. FATHER'S NAME <u>Mathias Still</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Prenger</u>		14. NAME OF HUSBAND OR WIFE <u>not known</u>	
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>Harry E. Still, Cummings Kansas</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myo-Carditis</u> DUE TO (c) <u>Man died while alone in a cell in the County Jail on a charge of reckless driving while drinking, man has a history of symptoms of heart disease.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 1/2 (est)</u>
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) <u>4201</u>	
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 ~~signed~~ <sup>viewed</sup> the deceased from on 4/1, 1953, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. F. Mundy MD (Coroner)</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>4/2/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr. 2, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Nortonville, Kansas</u>					

DATE REC'D BY LOCAL REG. <u>April 4, 1953</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485 - 0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmanuel Clark</u> ADDRESS <u>130 Illinois Ave.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0117  
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**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 Emma Clark

Licensed Embalmer No. 4235

P. O. Address St Joseph 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.