

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 4023 PRIMARY REG. DIST. NO. 4023 Registrar's No. 71

2050

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

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| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Exeter</u> | | c. LENGTH OF STAY (in this place) <u>36 yrs</u> | c. CITY OR TOWN <u>Exeter</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ellender</u> c. (Last) <u>Still</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10, 1955</u> | |

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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 27, 1875</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 15 MIN. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>domestic</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County Arkansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | |

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| 13a. FATHER'S NAME <u>Baxter Roberts</u> | 13b. MOTHER'S MAIDEN NAME <u>Susan Sumpter</u> | 14. NAME OF HUSBAND OR WIFE <u>WM. S. Still</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. <u>X</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Wm. S. Still</u> ADDRESS <u>Exeter, Mo.</u> |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | 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. | | |

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| 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>592X</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 June, 1950, to Sept. 9, 1956, that I last saw the deceased alive on Sept. 9, 1954, and that death occurred at 3:30A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Herbert A. Sawyer M.D.</u> (Degree or title) | 23b. ADDRESS <u>Cassville Mo.</u> | 23c. DATE SIGNED <u>Sept. 12-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9/12/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Roch Springs Cemetery</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>Seligman, Mo.</u> |

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| DATE REC'D BY LOCAL REG. <u>9-12-55</u> | REGISTRAR'S SIGNATURE <u>Mary McDonald, Reg.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>MILLER FUNERAL HOME</u> ADDRESS <u>PEA RIDGE, ARKANSAS</u> |
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**BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.**

NO. 955-332

DATE REC. 9-17-55

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.....
Signature of Student Embalmer

Signed Gilbert P. Lisco

Licensed Embalmer No. 561

P. O. Address Springdale,

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**