

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 16 1956

State File No. **27317**

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **4241** Registrar's No. **141**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson	
b. CITY OR TOWN Oak Grove	c. LENGTH OF STAY (in this place) 40yrs	c. CITY OR TOWN Oak Grove	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION City		STREET ADDRESS (If rural, give location) City	

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) A	c. (Last) Stillwell	4. DATE OF DEATH (Month) (Day) (Year) Aug 6 1956
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5. SEX Male	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 23 1862	9. AGE (In years last birthday) 88	10. IF UNDER 1 YEAR: Months _____ Days _____	10. IF UNDER 1 YEAR: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Blue Springs Mo	12. CITIZENRY OF WHAT COUNTRY? usa
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13a. FATHER'S NAME John Stillwell	13b. MOTHER'S MAIDEN NAME Mary Gore	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Frank Robinson ADDRESS Oak Grove 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbidity 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. ✓			

19a. DATE OF OPERATION new	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) 770	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
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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? _____
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22. I hereby certify that I attended the deceased from **Aug 6 1956**, to **Aug 6 1956**, that I last saw the deceased alive on **Aug 6 1956**, and that death occurred at **9:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE O. Lester M.D.	23b. ADDRESS Oak Grove Mo	23c. DATE SIGNED 8-7-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-8-1956	24c. NAME OF CEMETERY OR CREMATORY Blue Springs Cem	24d. LOCATION (City, town, or county) (State) Blue Springs Mo
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DATE REC'D BY LOCAL REG. 8-8-56	REGISTRAR'S SIGNATURE N. B. Longland	25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home ADDRESS Blue Springs
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(Licensed Embalmer's Statement on Reverse Side)

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

432
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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2005

P. O. Address Blue Springs

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.