FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 41758

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5540

1. PLACE OF DEATH a. COUNTY JACKSON	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MISSOURI b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VETERANS ADM. HOSPITAL — Length of stay in 1h 35 years	d. STREET ADDRESS (If outside, give location) 1333 E 17th — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ARCH Middle Last STILLMAN		4. DATE OF DEATH Month Day Year December 18, 1956	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH December 21, 1890
9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Wathena, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Amos Stillman		14. MOTHER'S MAIDEN NAME Elizabeth Harvey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA Hospital Official Records, K. C. Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pneumonia, left lower lobe — INTERVAL BETWEEN ONSET AND DEATH 1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hypertensive cardiovascular disease

DUE TO (c) 443X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from December 10, 1956 to December 18, 1956 ~~and last saw him alive on~~

Death occurred at 5:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert E. Qualheim (Degree or title) ROBERT E. QUALHEIM, M.D.	22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 12/18/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/21/1956	23c. NAME OF CEMETERY OR CREMATORY Ft. Leavenworth Nat'l. Cem.	23d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kansas
24. FUNERAL DIRECTOR C. E. Davis	ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 12-21-56	26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in [illegible] diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed Landis H. Jackson

Licensed Embalmer No. 48

P. O. Address K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.