

FILED JAN 22 1957

STANDARD CERTIFICATE OF DEATH

State File No. 145

BIRTH NO. REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5040 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Exeter Township		c. LENGTH OF STAY (in this place) 37 yrs.	c. CITY OR TOWN Exeter d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) Route 1	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Sherman	c. (Last) Still	4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1957
-------------------------------------	------------------------------	-------------------------------	---------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 11, 1865	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
-----------------------	----------------------------------	--	--	--	---------------------------	-------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) ✓ Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	--	---

13a. FATHER'S NAME James Still	13b. MOTHER'S MAIDEN NAME Susin Davis	14. NAME OF HUSBAND OR WIFE Mary Still Deceased
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Anthony Still	ADDRESS Exeter, 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		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY 23 YES <input type="checkbox"/> NO <input 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) 4222
--	--	--

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 attended the deceased from **Jan 3, 1957**, to **Jan 15, 1957**, that I last saw the deceased alive on **Jan 4, 1957**, and that death occurred at **8:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS Hot Cassville Mo	23c. DATE SIGNED 1-18-57
--------------------------------------	-------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 1/17/1957	24c. NAME OF CEMETERY OR CREMATORY Rock Springs Cem.	24d. LOCATION (City, town, or county) (State) Seliman, Mo.
--	-------------------------------	--	--

DATE REC'D BY LOCAL REG. 1-18-57	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE MILLER FUNERAL HOME	ADDRESS PEA RIDGE, ARKANSAS
--	--	--	---------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

10-0

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 157-10

DATE REC. 1-21-57

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. Price

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.