

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31264**

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

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 5316		Registrar's No. 111	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give town or village) Rural, Clear Creek Twp		c. LENGTH OF STAY (in this place) 2 Days		c. CITY OR TOWN Boonville,		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 On Creek bank.				STREET ADDRESS (If rural, give location) Commercial Hotel. <i>0270</i>			
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle)		c. (Last) Stillwell		4. DATE OF DEATH (Month) (Day) (Year) Sept. 15 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH December 22, 1900	
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Painting Contractor		11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Daniel Stillwell		13b. MOTHER'S MAIDEN NAME Ella Aldridge.		14. NAME OF HUSBAND OR WIFE ////?????			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 486-03-6787		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Raymond Stamberger, Otterville			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 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. Asthma; Emphysema				INTERVAL BETWEEN ONSET AND DEATH 6 Mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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) 4201			
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 1954 , to Sept 15, 1957 , that I last saw the deceased alive on Sept 12, 1957 , and that death occurred at 3:4 m., from the causes and on the date stated above.							
23a. SIGNATURE M. D. Schaefer MD		(Degree or title) MD		23b. ADDRESS Boonville Mo		23c. DATE SIGNED 9/16/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 21 1957		24c. NAME OF CEMETERY OR CREMATORY Syracuse		24d. LOCATION (City, town, or county) (State) Morgan County, Mo.	
DATE REC'D BY LOCAL REG. 9/16/57		REGISTRAR'S SIGNATURE DC Hooper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.			

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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..... *William W. Wood*.....

Licensed Embalmer No. 4539.....

P. O. Address Boonville,

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.