

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39853

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 20

5. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Washington TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR Washington TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 508 E. Fifth St.		Length of stay in lb 20 Yrs.	d. STREET ADDRESS 508 E. Fifth St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) George H. Stillwell			4. DATE OF DEATH Dec. 6, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 21, 1898
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 5 Days 15 Hours Min. 	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Labor		10b. KIND OF BUSINESS OR INDUSTRY Creamery	11. BIRTHPLACE (City and state or country) Rosedale, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Alex Stillwell	
14. MOTHER'S MAIDEN NAME Cecilia Jane Bousenau		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W. W. I	
16. SOCIAL SECURITY NO. 499-03-2426		17. INFORMANT Mrs. Verona Stillwell, Washington, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Large Intestine with widespread metastases DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		161X	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from July 1956 to Dec. 6, 1957 and last saw ^{him} Nov. 27, 1957 _{alive on} Death occurred at 6:15 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John B. Ryan M.D. (Degree or title)		22b. ADDRESS Washington Mo	22c. DATE SIGNED 12-6-57
23a. BURIAL - CREMATION. Burial (Specify)	23b. DATE Dec. 8, 1957	23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	23d. LOCATION (City, town, or county) (State) Washington, Missouri.
24. FUNERAL DIRECTOR Nieburg & Vitt, Inc. ADDRESS Washington, Mo.		25. DATE RECD. BY LOCAL REG. 12/7/57	26. REGISTRAR'S SIGNATURE J.P. Schumann & P. Schumann

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1957

JAN 24 1958

FEB 18 1958

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 *Lester A. Witt*

Licensed Embalmer No. *3254*

P. O. Address *Washington*

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.