

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004297

STATE FILE NUMBER

Registration District No. 370 Primary Registration District No. 6256 Registrar's No. 7

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u> (Missouri)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Jefferson Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR FARM INSTITUTION <u>near Zalma</u>		Length of stay in lb <u>life</u>	d. STREET ADDRESS (If outside, give location) <u>farm near Zalma</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Benjamin</u> Middle <u>Anthony</u> Last <u>Stilts</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>23</u> Year <u>1959</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 24, 1887</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (City and state or country) <u>McGee, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Anthony Stilts</u>		13b. MOTHER'S MAIDEN NAME <u>Margarett Fronabarger</u>		14. NAME OF HUSBAND OR WIFE <u>Ara Stilts</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Mrs. Ara Stilts Zalma, Missouri</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Diabetes & hypertension</u> 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 <u>243 Minutes</u>
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 <u>5:00</u> Month, Day, Year <u>Jan 23, 1959</u> a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		STATE
21. I attended the deceased from <u>1950</u> to <u>Jan 23, 1959</u> and last saw her alive on <u>Jan 5, 1959</u> Death occurred at <u>5:00 p.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>E. C. Mertes</u> (Degree or title) <u>2</u>			22b. ADDRESS <u>Advocate, Mo.</u>		22c. DATE SIGNED <u>Feb 2, 1959</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>1/26/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>McGee Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Wayne County near McGee, Mo</u>
24. FUNERAL DIRECTOR <u>Watkins & Sons Puxico, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>Jan 5-1959</u>		26. REGISTRAR'S SIGNATURE <u>Arthur M. Ward</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Docu, Coruier, etc. must use any standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

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 Earl M. [Signature]

Licensed Embalmer No. 4964
P. O. Address Depto 710

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.