

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009849

STATE FILE NUMBER

FILED MAR 30 1959

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 77

300

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| 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 OR TOWN Little Blue, Mo. (Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>) | | c. CITY OR TOWN Little Blue, Mo. (Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>) | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson, County, Mo. (Length of stay in lb 1 yr - 3 mo.) | | d. STREET ADDRESS (If outside, give location) Little Blue, Mo. (Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>) | |
| 3. NAME OF DECEASED (Type or print) Carrie Stillman (First Middle Last) | | | 4. DATE OF DEATH 3 - 18 - 1959 (Month Day Year) |
| 5. SEX Female ³ | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 6 - 23 - 1886 (73) |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | 9. AGE (In years last birthday) 73 (IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.) |
| 11. BIRTHPLACE (City and state or country) St Joseph MO | | 12. CITIZEN OF WHAT COUNTRY? U, S, A. | |
| 13a. FATHER'S NAME Talls, France | | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Arch, Stillman |
| 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. Unknown | 17. INFORMANT Address James W, Turner 801 Pacific St |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Lesion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Broken Hip DUE TO (c) None | | | INTERVAL BETWEEN ONSET AND DEATH 1 mo. 9047 45 |
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT <input checked="" 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.) By fall | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 2 - 14 - 59 | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jackson Co. Negro Home in dependence of Jackson Mo. | 20f. CITY, TOWN, OR LOCATION 120 COUNTY STATE | |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE S. B. Griffin M.D. (Degree or title) | | 22b. ADDRESS R#4 Lees Summit Rd | 22c. DATE SIGNED 3-19-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3 - 21 - 1959 | 23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo |
| 24. FUNERAL DIRECTOR C. E. Davis ADDRESS 1415 Truman Rd | | 25. DATE RECD. BY LOCAL REG. 3-19-59 | 26. REGISTRAR'S SIGNATURE [Signature] |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *C. E. David*

Licensed Embalmer No. *2417*
P. O. Address *7 E. C. St.*

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.