

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009850

STATE FILE NUMBER

Health, Welfare, Public Service

FILED MAR 18 1959

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 117

300
-57

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Township		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City 22		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8715 Smart		Length of stay in lb 50 yrs.	d. STREET ADDRESS (If outside, give location) 8715 Smart		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EVALIDA Middle STILLWELL Last STILLWELL			4. DATE OF DEATH Month March Day 9 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 4, 1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 17 Days 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Blue County, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Nathan Rains		13b. MOTHER'S MAIDEN NAME Solena Blankship		14. NAME OF HUSBAND OR WIFE LeRoy Stillwell, Dec'd	
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. None	17. INFORMANT Address Obie Stillwell, 8715 Smart, Kansas City, 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 left breast DUE TO (b) metastases left lung DUE TO (c) _____ 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 unknown unknown
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. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	
21. I attended the deceased from 8 March 59 to 9 March 59 and last saw her alive on 8 March 59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Wm. A. Anderson M.D.			22b. ADDRESS Independence Mo. 3-9-59		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 11, 1959	23c. NAME OF CEMETERY OR CREMATORY Blue Springs, Mo.		23d. LOCATION (City, town, or county) (State) Blue Springs, Mo.
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Indep., Mo.			25. DATE RECD. BY LOCAL REG. 3-11-59	26. REGISTRAR'S SIGNATURE James S. [Signature]	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 8 1959

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 *Raymond F. Stevens*
Licensed Embalmer No. *4266*
P. O. Address *Independence*

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.