

**FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE**

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-020500**

ENDED

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 39

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Ripley</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan</u> Length of stay in 1b <u>1 year</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> c. CITY OR TOWN <u>Doniphan</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>902 Grand</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Charles</u> Middle <u>Albert</u> Last <u>Stilwell</u>		<b>4. DATE OF DEATH</b> Month <u>May</u> Day <u>5</u> Year <u>1960</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>7-27-1879</u>
<b>9. AGE</b> (last birthday) <u>80</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Agriculture</u>
<b>11. BIRTHPLACE</b> (City and state or country) <u>Ripley County, Missouri U.S.A.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Louis Allen Stilwell</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Emily Harris</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>17. INFORMANT</b> <u>Crettie Stilwell Doniphan, Mo.</u> Address	
<b>18. CAUSE OF DEATH</b> (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>Generalized arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> <u>4 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> How a.m. p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <u>June 1949</u> to <u>May 5, 1960</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>5/5/60</u> Death occurred at <u>11:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
<b>22a. SIGNATURE</b> (Degree or title) <u>Frank C. Johnson M.D.</u>		<b>22b. ADDRESS</b> <u>Doniphan Mo</u>	
<b>22c. DATE SIGNED</b> <u>5/16/60</u>		<b>22d. LOCATION</b> (City, town, or county) (State) <u>Ripley County, Missouri</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>5-8-1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Stilwell Cemetery</u>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Edwards Funeral Home Doniphan, Mo.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>5-27-60</u>	
<b>26. REGISTRAR'S SIGNATURE</b> <u>Flava Broz</u>		(Licensed Embalmer's Statement on Reverse Side)	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Gene Harrison

Licensed Embalmer No. 4809

P. O. Address Naylor, N.C.

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.