

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-048628  
State File No.

FILED VS JAN 19 1967

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <b>DeKalb</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Maysville</b>		c. LENGTH OF STAY (In this place) <b>15 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Maysville</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>90</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARENCE</b>		b. (Middle) <b>ALBERT</b>		c. (Last) <b>STILLFIELD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 20 60</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-14-1902</b>		9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operator Dry Cleaning Shop</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>King City Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>James H. Stillfield</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Cox</b>		14. NAME OF HUSBAND OR WIFE <b>Esther Stillfield, Maysville Mo</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-28-3685</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Esther Stillfield Maysville Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>331X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>12 1/2 hr</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1945</u> , to <u>Oct. 20, 1960</u> , that I last saw the deceased alive on <u>Oct 20, 1960</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Harold Fowler M.D.</b>				23b. ADDRESS <b>Maysville Missouri</b>		23c. DATE SIGNED <b>10/21-60</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-22-60</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn</b>		24d. LOCATION (City, town, or county) (State) <b>Maysville Missouri</b>		
DATE REC'D BY LOCAL REG <b>10-22-60</b>		REGISTRAR'S SIGNATURE <b>Russel Davidson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Filcher Funeral Home, Maysville Mo.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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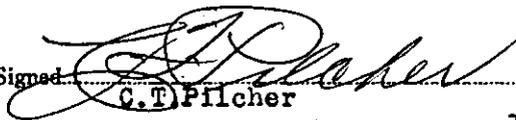
**STATEMENT BY LICENSED EMBALMER**

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 .....  
Student Embalmer

Signed  .....  
C. T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville Missouri

**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 this body is not embalmed, fact should be so stated above.