

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010263

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 1705

FILED APR 5 1962

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
Rev. 4/59		
16008		
260882		
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9420.1		
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12 91-2		
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USE BLACK INK OR TYPEWRITER RIBBON	INSTEAD OF	DOCUMENT
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Clay		a. STATE Mo.	b. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, North		c. CITY OR TOWN Kansas City, North	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b 15 yrs.		d. STREET ADDRESS (If outside, give location) 5307 North Wheeling	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5609 Munger Road		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED		4. DATE OF DEATH	
First Middle Last Iva V. Still		Month Day Year 3 - 25 - 62	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-30-1887
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cross Creek, Pa. U. S. A.
13a. FATHER'S NAME CRAIG T. Bebout		13b. MOTHER'S MAIDEN NAME MARGARET J. Wilson	14. NAME OF HUSBAND OR WIFE Mr. Charles D. Still
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.	17. INFORMANT Charles D. Still 5307 North Wheeling K. C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Coronary Occlusion		immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Coronary artery disease months	
DUE TO (c) Generalized arteriosclerosis		years	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 2-19-1960 to 2-15-1962 and last saw her/him alive on 2-15-62 Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. F. Rederick (Degree or title)		22b. ADDRESS 54 E 69 Highway K.C. Mo	22c. DATE SIGNED 2-26-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE MAR. 28-62	23c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Gladstone Mo.
24. FUNERAL DIRECTOR D. W. Newcomer's Sons		25. DATE RECD. BY LOCAL REG. 3-26-62	26. REGISTRAR'S SIGNATURE Ruth Song

Dr. S. J. Kodwick D.O.
54 E. 69 Ave

2010 404 123 112

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 Marvin D. Preston

Licensed Embalmer No. 5090

P. O. Address K. C., Mo.

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.