

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046136

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 325

FILED DEC 18 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Callaway</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u> Length of stay in lb <u>1 Week</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> COUNTY <u>Callaway</u></p> <p>c. CITY OR TOWN <u>Fulton</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>R.F.D.# 4</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last</p> <p style="text-align: center;"><u>Frederick I. Still</u></p>	<p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year</p> <p style="text-align: center;"><u>Dec. 5 1962</u></p>
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>3/3/1908</u></p>
<p>9. AGE (last birthday) <u>54</u></p> <p style="text-align: right;">IF UNDER 1 YEAR IF UNDER 24 HR</p> <p style="text-align: right;">Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Chicago, Ill</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>
<p>13a. FATHER'S NAME <u>Andrew Leavell Still</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Selma</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>None</u></p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u></p>
<p>16. SOCIAL SECURITY NO. <u>unk</u></p>	<p>17. INFORMANT <u>Mrs. Anna Hahne</u> Address <u>1112 S. Elmwood Oak Park, Ill</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Acute Coronary Embolism</u></p> <p style="text-align: center;">DUE TO (b) <u>Chronic Myocarditis</u></p> <p style="text-align: center;">DUE TO (c) <u>Pulmonary Emphysema</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>	
<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour <u>7:15</u> a.m. Month, Day, Year <u>Oct. 25, 1961</u></p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION <u>Fulton, Missouri</u> COUNTY <u>Missouri</u> STATE <u>Missouri</u></p>	
<p>21. I attended the deceased from <u>Oct. 25, 1961</u> to <u>Dec. 5, 1962</u> and last saw <del>her</del> <sup>him</sup> alive on <u>Dec. 4, 1962</u></p> <p>Death occurred at <u>7:15 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>Lloyd E. Hutchins, M.D.</u></p>	<p>22b. ADDRESS <u>Fulton, Missouri</u></p>
<p>22c. DATE SIGNED <u>12/11/1962</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>Dec. 7, 1962</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Central Church Cemetery W. Fulton Mo</u></p>	
<p>23d. LOCATION (City, town, or county) (State)</p>	
<p>24. FUNERAL DIRECTOR <u>Browning Funeral Home</u> ADDRESS <u>Fulton Mo</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>Dec-11-1962</u></p>
<p>26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u></p>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 10147  
 20140  
 3  
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 5 0  
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 7 1  
 8 2  
 9 5271  
 10  
 11  
 12 1-2  
 13 1-0  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF  
 ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

**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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, 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.