No. 300
10.48

FILED APR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11711

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 133

14
1
2

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

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (in this place) 6m 26d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hos. #1 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Morgan 71
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Versailles 1
d. STREET ADDRESS (If rural, give location) County Home 1

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) H.
c. (Last) SILVEY

4. DATE OF DEATH (Month) (Day) (Year) April 21 1949

5. SEX MO
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF BIRTH March 19 1865
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months 1 Days 2 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Morgan Co Mo
12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME James Silvey
13b. MOTHER'S MAIDEN NAME Mary Sidebottom
14. NAME OF HUSBAND OR WIFE dK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) dK (If yes, give war or dates of service) dK
16. SOCIAL SECURITY NO. dK
17. INFORMANT'S SIGNATURE OR NAME Clark Silvey — ADDRESS Gravois Mills Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. myocarditis + hypo pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) .....
DUE TO (c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Sen. arteriosclerosis arteriosclerosis 2 Seg

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/13, 1949, *to* 4/21, 1949, *that I last saw the deceased alive on* 4/20, 1949, *and that death occurred at* 6 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. Caldwell MD
23b. ADDRESS State Hos Fulton Mo
23c. DATE SIGNED 4/21/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/23/49
24c. NAME OF CEMETERY OR CREMATORY Riverview
24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.

DATE REC'D BY LOCAL REG. April 21-1949
REGISTRAR'S SIGNATURE Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE Thorpe J. Gordon
ADDRESS Jefferson City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
APR 28 1949
Date Filed

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 Gideon N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City, M

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.