

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23233

BIRTH NO. _____ **REG. DIST. NO.** 382 **PRIMARY REG. DIST. NO.** 5545 **Registrar's No.** 14

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glasgow Rural "Charito"		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis, Missouri	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 6929 Arthur St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stephens Residence			
3. NAME OF DECEASED (Type or Print) a. (First) Stonewall b. (Middle) S. c. (Last) Silvey			4. DATE OF DEATH (Month) (Day) (Year) July 18 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 26, 1866
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 8 Days 22	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) Howard Co. Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph H. Silvey	
13b. MOTHER'S MAIDEN NAME Eliza Witt		14. NAME OF HUSBAND OR WIFE Hattie Dickerson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs Leon Robinson
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 30 min	
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 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 7-18, 1949, to 7-18, 1949, that I last saw the deceased alive on 19, and that death occurred at 1:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS Glasgow, Mo	23c. DATE SIGNED 7-20-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/18/49	24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, Mo.
DATE REC'D BY LOCAL REG. 7-18-1949	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Fayette, Mo

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

RECEIVED AUG 3
District Health Officer No. 8,

District File Number _____

Date Filed 8-12-49

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 _____

Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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 this body is not embalmed, fact should be so stated above.