

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25854

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. ~~2209~~ 4521 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houston Pines</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houston Mo</u>	
c. LENGTH OF STAY (in this place) <u>6 years</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEE</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>SILLYMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1949</u>	
5. SEX <u>Male</u>	16. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 30, 1889</u>
9. AGE (In years last birthday) <u>60</u> if under 1 year Months <u>2</u> Days <u>16</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Houston, Mo</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>James Sillyman</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Young</u>	
14. NAME OF HUSBAND OR WIFE <u>Orra</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>491-033889</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Orra Sillyman</u>		ADDRESS <u>Houston, Mo</u>	
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) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Coronary Heart disease</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <u>July 9, 1949</u> , to <u>July 16, 1949</u> , that I last saw the deceased alive on <u>July 16, 1949</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. J. Burns, MD</u> (Degree or title)		23b. ADDRESS <u>Houston, Mo</u>	
23c. DATE SIGNED <u>July 18, 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-19-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Houston</u>		24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 23-49</u>		REGISTRAR'S SIGNATURE <u>Myrtle Craig</u> 329	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord E. Elliott</u>		ADDRESS <u>Houston Mo</u>	

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

Recei
Texas
7-25
9:00

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.

Signed Frank E. Hood

Signed _____
Student Embalmer

Licensed Embalmer No. 4026

P. O. Address Houston, 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.