

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34696

State File No.

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5904 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY X <u>991</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayward		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sioux City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hayward, Mo.		d. STREET ADDRESS (If rural, give location) 606 Morgan	
3. NAME OF DECEASED (Type or Print) Silas		4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1949	
5. SEX Male		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH Unknown	
9. AGE (In years last birthday) 49		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY X	
11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE X		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. X		17. INFORMANT'S SIGNATURE OR NAME X	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Murdered 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. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒		INTERVAL BETWEEN ONSET AND DEATH E983X	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hayward, Pemiscot Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-15-49 8 P.M.	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? Fight	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 P.M. , from the causes and on the date stated above.			
23. SIGNATURE James A. Osburn (Degree or title) Coroner		23b. ADDRESS Caruthersville, Mo.	
23c. DATE SIGNED 10-15-49		24. NAME OF CEMETERY OR CREMATORY Morgan Ridge	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-19-49	
24c. LOCATION (City, town, or county) (State) Caruthersville, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE H. S. Smith ADDRESS Caruthersville, Mo.	
DATE REC'D BY LOCAL REG. 11-1-49		REGISTRAR'S SIGNATURE James H. Germano (Licensed Embalmer's Statement on Reverse Side)	

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

11-49-307

NOV 1
RECD

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

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Bartholomew, 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.