

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8217

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 21

0420

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. LENGTH OF STAY (in this place) <u>6 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		<u>0420</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>406 E. Colorado</u>			d. STREET ADDRESS (If rural, give location) <u>406 E. Colorado⁹</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>FRANK</u> c. (Last) <u>SILVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 25 1951</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 1 1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
-----------------------	----------------------------------	--	---------------------------------------	--	---------------------------	-------------------------	-------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
---	--	-----------------------------------	--	--	--	--	--

13a. FATHER'S NAME <u>A. T. Silver</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Burnhart</u>		14. NAME OF HUSBAND OR WIFE <u>Low Ogden Silvers</u>	
---	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Melvin J. Silver</u>			ADDRESS <u>Windsor 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
		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.				<u>4222</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) (Min.)			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 2-1, 1951, to 3-25, 1951, that I last saw the deceased alive on 3-24, 1951, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ray B. Jordan</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Windsor Mo</u>		23c. DATE SIGNED <u>3-27-51</u>	
--	--	-----------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial #1</u>	24b. DATE <u>3-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glover Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Glover Illinois</u>		
---	-----------------------------	--	---	--	--

DATE REC'D BY LOCAL REG. <u>Mar-27-51</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u> <u>422</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u>			ADDRESS <u>Windsor, Mo.</u>
--	---	--	--	--	--	--------------------------------

RECEIVED 4-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-2-51

1951

APR
MAY 12 1951
1951

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 *William M. Turner*

Licensed Embalmer No. *4648*

P. O. Address *Windsor, 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.