

FILED JAN 3 1952

STANDARD CERTIFICATE OF DEATH

State File No. 41124

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 53621 Registrar's No. 114

316

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

1. PLACE OF DEATH a. COUNTY DAVIESS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Davess	
b. CITY (If outside corporate limits, write RURAL and give township) JAMESPORT Rural Davess		c. CITY (If outside corporate limits, write RURAL and give township) Jamesport Rural Davess	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 0312	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) SARAH		b. (Middle) ROSELLA		c. (Last) SILCOTT		4. DATE OF DEATH (Month) (Day) (Year) 12 18 51	
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 18-1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) Indiana Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME J.P.C. Martin	13b. MOTHER'S MAIDEN NAME Auld	14. NAME OF HUSBAND OR WIFE G.E. Silcott
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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.	17. INFORMANT'S SIGNATURE, OR NAME Mary Jane Gildow Jamesport	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mycocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculosis disease DUE TO (c) Arteriosclerosis		
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 4227	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 1951**, to **Dec 1951**, that I last saw the deceased alive on **Dec 18**, 1951, and that death occurred at **4:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Z.B. Bailin	(Degree or title) D.O.	23b. ADDRESS Jamesport Mo	23c. DATE SIGNED 12-19-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-20-51	24c. NAME OF CEMETERY OR CREMATORY St. Josephs	24d. LOCATION (City, town, or county) (State) Kansas City Mo
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DATE REC'D BY LOCAL REG. 19 Dec. 1951	REGISTRAR'S SIGNATURE Virginia M Engelbert	810	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) O.S. Roberson Jamesport Mo
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1 JUN 2 1953

APR 30 1953

AUG 12 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed G. S. Roberson

Licensed Embalmer No. 3244

P. O. Address Jamesport

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.