

No. 300
10-48

FILED JAN 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Don Silsby Jr.
State File No. 981

390
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 5465	Registrar's No. 51-A
1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Greene
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Springfield Rural		c. LENGTH OF STAY (In this place) 42 Yrs.	c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Rural, N. Campbell Twp 0378	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route # 6		d. STREET ADDRESS (If rural, give location) Route # 6		
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Marie	c. (Last) Kuhn	4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). Widowed	8. DATE OF BIRTH Sept. 12 1874	9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Herman Wehre		13b. MOTHER'S MAIDEN NAME Bernadina Hager	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. No	17. INFORMANT'S SIGNATURE OR NAME Russell J. Kuhn Rt # 6 Spfld, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 years 30+ yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Dec 29, 1951, to 1-15, 1952, that I last saw the deceased alive on 1-14, 1952, and that death occurred at 11:15 p.m., from the causes and on the date stated above.				
23a. SIGNATURE Don J. Silsby MD		23b. ADDRESS Springfield Mo	23c. DATE SIGNED 1-17-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/17/52	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REG. 1-21-52	REGISTRAR'S SIGNATURE James R. Amos, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer ADDRESS Springfield, Mo.		

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 Lucius T. Swadley

Licensed Embalmer No. 48157

P. O. Address Springdale

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.