

STANDARD CERTIFICATE OF DEATH

State File No. **7458**
 Registrar's No. **264**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 29 years		d. STREET ADDRESS (If rural, give location) 809 W. Valley St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 809 W. Valley St. (home)			

3. NAME OF DECEASED (Type or Print) VIRGIL B. SILVEY			4. DATE OF DEATH (Month) (Day) (Year) 3 6 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 3-16-1881		9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Armour & Co.		11. BIRTHPLACE (State or foreign country) Versalles, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Riley Silvey		13b. MOTHER'S MAIDEN NAME Lidia Marriott		14. NAME OF HUSBAND OR WIFE Ella Silvey	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ella Silvey, 809 W. Valley St.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia				INTERVAL BETWEEN ONSET AND DEATH unknown	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Prostate with Metastasis					
		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 177X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 **3-8-1950**, to **3-21-1952**, that I last saw the deceased alive on **2-21-1952**, and that death occurred at **8:05A** m., from the causes and on the date stated above.

23a. SIGNATURE John S. Kirk M.D. (Degree or title)		23b. ADDRESS Physician & Surgeon Bldg. St. Joseph, Missouri		23c. DATE SIGNED 3-7-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-8-1952		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery, St. Joseph, Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. MAR. 10, 1952		REGISTRAR'S SIGNATURE Carl C. Cash		FUNERAL DIRECTOR'S SIGNATURE John A. Rupp		ADDRESS St. Joseph, Mo.	
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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 Alvin E. Beyer

Licensed Embalmer No. 4995

P. O. Address St. Joseph, 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.