

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27258**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 882

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> c. LENGTH OF STAY (In this place) <b>35 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> <b>0117</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1803 Garfield Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>1803 Garfield Ave.</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Oscar</b> b. (Middle) <b>Dexter</b> c. (Last) <b>Silvey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 18, 1952</b>			
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>September 21, 1898</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bricklayer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>For State Hospital #2.</b>		11. BIRTHPLACE (State or foreign country) <b>Glade, Kansas. 1</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Hiram Silvey</b>		13b. MOTHER'S MAIDEN NAME <b>Lillie M. Graves</b>		14. NAME OF HUSBAND OR WIFE <del>George</del> <b>Silvey, Myrtle Hall</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes World War #2.</b>		16. SOCIAL SECURITY NO. <b>565-12-3725</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gailen F. Mengniot St. Joseph, Mo.</b>	

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, asphyxia, etc., but means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>  <b>1-year (est)</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myo-Carditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <b>Chronic Bronchial Asthma</b>		
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 <b>241X</b>	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 **viewed** on **8/18**, 19**52**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. F. Mundy, M.D. (Coroner)</b>		23b. ADDRESS <b>St. Joseph Mo</b>		23c. DATE SIGNED <b>8/18/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 20, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>	

DATE REC'D BY LOCAL REG <b>Aug 21, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Castel</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Munchgan</b>	ADDRESS <b>St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

FILED AUG 25 1952

AUG 27 1952

AUG 12 1954

MAY 20 1954

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 \_\_\_\_\_

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Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Albert C. Harrington

Licensed Embalmer No. 3250 Missouri.

P. O. Address St. Joseph, Missouri.

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of California

State File No. 27258-52

County of Sacramento SS.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. ....

On this 7<sup>th</sup> day of July, 1954, before me appears Myrtia Hall Silvey, who, upon her oath, states that the original record of <sup>birth</sup> death for Oscar Dexter Silvey, died August 18, 1953, in the State of

Missouri, and which was filed at Jefferson City on Aug 25, 1953, should be corrected as follows:

Item No. 14 should read Myrtia Hall Silvey  
Instead of Louise Silvey

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Myrtia Hall Silvey Relationship.  
2761 Ellen Street, North Sacramento  
Present Address. California.

Subscribed and sworn to before me this 7<sup>th</sup> day of July, 1954.

My Commission expires Feb. 25, 1955. William O. Smith Notary Public.

RECEIVED  
JUL 9 1954

1952

S-27258