

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

DR. H. SILSBY **38362**
State File No. _____

No. 3007 **DEC 10 1952**
10.48

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1100</u>	
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) SPRINGFIELD		c. LENGTH OF STAY (In this place) 40 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		1396	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN HOSP.				d. STREET ADDRESS (If rural, give location) 1005 COLLEGE			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) H.		c. (Last) THOMAS		4. DATE OF DEATH (Month) (Day) (Year) DEC. 9, 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 29 1890		9. AGE (In years last birthday) 62	If UNDER 1 YEAR Months Days	If UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work) RETIRED WHOLESALE FRUIT DEALER		10b. KIND OF BUSINESS OR INDUSTRY DEALER		11. BIRTHPLACE (City and State or Foreign Country) MT. LEBANON, SYRIA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. (If yes, give way or dates of service) W.W. # I UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS PETE THOMAS SPRINGFIELD, MO.			
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. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure + pericarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) anemia DUE TO (c) Renal disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 week 1 year 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 594 X				20. AUTOPSY? YES <input checked="" 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) Springfield Greene Mo			
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 <u>May 26, 1952</u> to <u>Dec 9, 1952</u> ; that I last saw the deceased alive on <u>Dec 9, 1952</u> and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) H. Silsby M.D.				23b. ADDRESS 1009 Cherry St. Dec 10 1952		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/12/52	24c. NAME OF CEMETERY OR CREMATORY ST. MARY CEMETERY		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.		
DATE REC'D BY LOCAL REG. 12-12-52		REGISTRAR'S SIGNATURE Edith Williamson Registrar		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.			

(Licensee Embalmer's Statement on Reverse Side)

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

396
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MAR 26 1953

APR 29 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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Gene L. Loney

Licensed Embalmer No. *47340*

P. O. Address *Spfld, 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.