

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

SILSBY SR. 1009
State File No. 106

FILED FEB 1 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>					
b. CITY OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>SPRINGFIELD</u>		d. STREET ADDRESS (If rural, give location) <u>500 E. KEARNEY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BURGE HOSP.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>DELMAR</u> c. (Last) <u>BERG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 27, 1953</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAY 19 1859</u>			
				9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>IRELAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>MATHEW SHANLEY</u>			13b. MOTHER'S MAIDEN NAME <u>MARY DELMAR</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARY B. FARRELL SPFLD. MO.</u>			ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u> <u>Senility</u> DUE TO (b) _____ DUE TO (c) _____ 481X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 days</u> <u>Age 93</u>		
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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 <u>Jan 25, 1953</u> , to <u>Jan 27, 1953</u> , that I last saw the deceased alive on <u>Jan 26, 1953</u> , and that death occurred at <u>1:15 pm</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm H. Silsby, M.D.</u> (Degree or title)				23b. ADDRESS <u>Springfield Mo.</u>		23c. DATE SIGNED <u>1/27/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>1/27/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ITICA, N.Y.</u>			
DATE REC'D BY LOCAL REG. <u>1/27/53</u>		REGISTRAR'S SIGNATURE <u>Edith Wilhoit</u> Deputy Registrar		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. LOHMEYER</u> ADDRESS <u>SPRINGFIELD, MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

396
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0396

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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 Paul Lohmeyer

Licensed Embalmer No. 4734

P. O. Address Springfield

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.