

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5175

State File No. _____

No. 300
10-48
FILED MAR 9 - 1953

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 8

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

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" FINLEY</u>		c. LENGTH OF STAY (In this place) <u>7 YEARS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHRISTIAN REST HOME</u>		d. STREET ADDRESS (If rural, give location) <u>CHRISTIAN REST HOME</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>KING</u>	b. (Middle) <u>HIRAM</u>	c. (Last) <u>SILER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 20-1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED (2)</u>	8. DATE OF BIRTH <u>MARCH 4-1857</u>	9. AGE (In years last birthday) <u>95</u>	# UNDER 1 YEAR Month Day	# UNDER 1 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER & STOCKMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WHITLEY CO., KENTUCKY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W.R. SILER</u>	13b. MOTHER'S MAIDEN NAME <u>RACHAEL JONES</u>	14. NAME OF HUSBAND OR WIFE 1. <u>LAWRENCE HUMBARD</u> 2. <u>MAGGIE JOHNSON</u> } <u>SILER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LEE WILLIAMS, CLEVER, MO.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>5 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza & Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic underec'd</u> DUE TO (c) <u>480X</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 Jan 19, 1953, to Jan 20, 1953, that I last saw the deceased alive on Jan 19, 1953, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R.R. Forthing M.D.</u>	23b. ADDRESS <u>Opark mo</u>	23c. DATE SIGNED <u>Jan 24-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 23-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WISE HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CLEVER MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Feb 15-1953</u>	REGISTRAR'S SIGNATURE <u>Luella Leonard</u>	59-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>	ADDRESS <u>Clever, Mo.</u>
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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 John Dean Harris
Licensed Embalmer No. 4390

P. O. Address Clever, 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.