

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. H. SILSBY

28349

State File No.

830

FILED SEP 8 - 1953

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>830</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY GREENE		c. LENGTH OF STAY (In this place) LIFE		a. STATE MISSOURI		b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		d. STREET ADDRESS (If rural, give location) 637 W. SCOTT	
3. NAME OF DECEASED				4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) BELLE		b. (Middle) SHANKS		c. (Last) SHANKS		Date: (Month) (Day) (Year) AUG. 30, 1953	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 21 1889	
9. AGE (In years last birthday) 64		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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ED ZABEL		13b. MOTHER'S MAIDEN NAME MARY FULLER		14. NAME OF HUSBAND OR WIFE FRED SHANKS			
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. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRED SHANKS SPRINGFIELD, MO.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chondrosarcoma with metastasis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)					
II. OTHER SIGNIFICANT CONDITIONS * Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 Sept 1, 1951 , to Aug 30, 1953 , that I last saw the deceased alive on Aug 29, 1953 , and that death occurred at 6 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE H. H. Lohmeyer				23b. ADDRESS 609 Cherry St.		23c. DATE SIGNED Aug 31 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9/2/53		24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.	
DATE REC'D BY LOCAL REG. 8-31-53		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. LOHMEYER SPRINGFIELD, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Walter C Hamilton

Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, 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.