

STANDARD CERTIFICATE OF DEATH

State File No. **43645**

FILED JAN 7 1954

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 437

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hartford Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Elizabeth's Hospital		d. STREET ADDRESS (If rural, give location) 8 miles NE Middletown	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Richard	c. (Last) Silvey	4. DATE OF DEATH (Month) (Day) (Year)
				Dec 25, 1953

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never married	8. DATE OF BIRTH May 5, 1942	9. AGE (In years last birthday) 11	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Hours 11
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Pike County, Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME James Arthur Silvey	13b. MOTHER'S MAIDEN NAME Otis Blanche Moore	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Otis Blanche Moore	ADDRESS Middletown, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		3 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fracture left femur		2 months
	DUE TO (c) left radius, ulna		2 months
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 SOURCE (Specify) 10/23/53 HOME	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) 3 mi. S. Hannibal Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Vandalia Mo MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 23, 53 2:00 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? auto. accident
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22. I hereby certify that I attended the deceased from 10/23, 1953, to 10/25, 1953, that I last saw the deceased alive on 12/25, 1953, and that death occurred at 2:30 AM, from the causes and on the date stated above.

23a. SIGNATURE Ernest D. Kemme M.D.	(Degree or title)	23b. ADDRESS Vandalia Mo	23c. DATE SIGNED 12/26/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 27, 1953	24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	24d. LOCATION (City, town, or county) (State) Vandalia, Missouri
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DATE REC'D BY LOCAL REG. 12/29/53	REGISTRAR'S SIGNATURE NEM Lucke	25. FUNERAL DIRECTOR'S SIGNATURE William S. Wetters	ADDRESS Vandalia, Mo.
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(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 1-6-54
MARION CO. HEALTH DEPT.
DATE FILED 1-6-54

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 William B. Minter

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.