

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18051

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>609</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>706 No. 12th St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOIS</u> b. (Middle) <u>FERN</u> c. (Last) <u>SILCOTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 29, 1930</u>	
9. AGE (In years last birthday) <u>23</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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>own home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles D. Hutchens</u>		
13b. MOTHER'S MAIDEN NAME <u>Alta Winslow</u>		14. NAME OF HUSBAND OR WIFE <u>Norman Silcott</u>		
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>495-26-2204</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Norman Silcott, 706 No. 12th St.</u>
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* <u>Ulcerative Colitis Severe</u> <u>Secondary Peritonitis by extension</u> <u>Toxemia Severe</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several months</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5722</u>		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)
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 <u>5-30, 1954</u> , to <u>6-9, 1954</u> , that I last saw the deceased alive on <u>6-9, 1954</u> and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Wm. B. ...</u> (Degree or title)		23b. ADDRESS <u>316 No. 10th St. City</u>		23c. DATE SIGNED <u>6-12-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 11, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl A. Clark</u> <u>Clark Funeral Home St. Joseph, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>June 17, 1954</u>		REGISTRAR'S SIGNATURE <u>Lothar M. Allison</u> <u>485</u>		

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

1961 9 17 11:11

**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 Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph 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.