

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10819

State File No.

FILED MAR 31 1955

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN <u>Potosi</u>	c. LENGTH OF STAY (in this place) <u>17 yrs</u>	c. CITY OR TOWN <u>Potosi</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>403 Clara St.</u>		e. STREET ADDRESS (If rural, give location) <u>403 Clara St. 1100</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Lefford</u> c. (Last) <u>Silvey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July 23 1915</u>	9. AGE (in years last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Willie Silvey</u>	13b. MOTHER'S MAIDEN NAME <u>Mammie Whitwater</u>	14. NAME OF HUSBAND OR WIFE <u>Aileen Silvey</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.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Hallie Queen St Louis Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>following operation and removal of lung with</u> DUE TO (c) <u>blood clot and myocardial infarction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death:		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Bronchiectasis fracture left lung - 526X</u>		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)	
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 1/15, 1950 to 3/22, 1955, that I last saw the deceased alive on 3/21, 1955, and that death occurred at 10-11 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Russell MD</u> (Degree or title)	23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>3/25/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-24-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shirley Cemetery</u>
DATE REC'D BY LOCAL REG. <u>3/25/55</u>	REGISTRAR'S SIGNATURE <u>H. L. Russell</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Mrs. Lurka Spahr Potosi Mo.</u>		

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

RECEIVED
MAR 29 1955
WASH. COUNTY HEALTH DEPT.
File No. _____

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.....
Signature of Student Embalmer

Signed *Murphy L. Spahr*.....
Licensed Embalmer No. *4930*.....
P. O. Address *Hadley, Pa.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.