

FILED JUN 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15816

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>Rural Mineral Twp.</b> )		c. LENGTH OF STAY (If in this place) <b>40 Yrs.</b>	c. CITY OR TOWN <b>Rt. 1 Oronogo, Mo.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 Miles N. of Webb City</b>			STREET ADDRESS (If rural, give location) <b>5 Miles N. of Webb City</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) _____ c. (Last) <b>Silvey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 2, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 22, 1881</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Galena, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James Silvey</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-01-3360</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Perry Silvey Rt. 1 Oronogo, Mo.</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arachnoid meningitis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Primary water pipe burst</b> DUE TO (c) <b>became frightened when saw red leaf</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>845X</b>				INTERVAL BETWEEN ONSET AND DEATH
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) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>MINERAL TWP. Jasper Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) <b>June 2, 1955</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Wagon wheel over left side of head</b>			
22. I hereby certify that I attended the deceased from <b>DID NOT ATTEND</b> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:00 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Dr. W. H. ... M.D.</b>			23b. ADDRESS <b>Joplin, Mo. - First Natl Bldg</b>		23c. DATE SIGNED <b>6-6-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-5-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Weaver Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>N. of Webb City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-6-55</b>	REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Johnston-Arnce-Simpson Webb City, Mo. Mortuary</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number  
Date Filed JUN 13 1955

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 *Jack C. Simpson*

Licensed Embalmer No. *464*

P. O. Address *Webb City*

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.