No. 300
10.48

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

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23063

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4384 Registrar's No. 196

1. PLACE OF DEATH
a. COUNTY: Nodway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Skidmore
c. LENGTH OF STAY (in this place): 7yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodway
c. CITY OR TOWN: Skidmore
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 0740

3. NAME OF DECEASED (Type or Print)
a. (First): Clark
b. (Middle):
c. (Last): Silvey

4. DATE OF DEATH (Month) (Day) (Year): 8- 3-1955

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 12-31-1883
9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Telephone mgr
10b. KIND OF BUSINESS OR INDUSTRY: Telephone Exch
11. BIRTHPLACE (City and State or Foreign Country): Versailles - Mo -
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John H. Silvey
13b. MOTHER'S MAIDEN NAME: Ann Merritt
14. NAME OF HUSBAND OR WIFE: Lola Dexter Silvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Lola Silvey - Skidmore - 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1-2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion — several hours
DUE TO (c) Coronary arteriosclerosis — several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 4, 1952, *to* July 1, 1955, *that I last saw the deceased alive on* July 29, 1955, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. R. Titcomb, D.O.
23b. ADDRESS: Skidmore, Mo.
23c. DATE SIGNED: 8-3-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-5-1955
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cem-
24d. LOCATION (City, town, or county) (State): Jefferson City Mo-

DATE REC'D BY LOCAL REG.: 8-6-55
REGISTRAR'S SIGNATURE: Bess Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: G. M. Atkinson Maryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 8 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed G M Atcheson

Licensed Embalmer No. 227

P. O. Address Mongolla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.