

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33535

State File No. _____

4669

FILED NOV 10 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE KANSAS b. COUNTY Labette	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place) 12 months	c. CITY OR TOWN PARSONS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION V.A. Hosp.		f. STREET ADDRESS (If rural, give location) 210 SO 32ND STREET	

3. NAME OF DECEASED (Type or Print) a. (First) CARL b. (Middle) E. c. (Last) SILKEY	4. DATE OF DEATH October 28, 1955					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 29, 1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet metal worker		10b. KIND OF BUSINESS OR INDUSTRY construction		11. BIRTHPLACE (City and State or Foreign Country) Urbana, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W. H. Silkey	13b. MOTHER'S MAIDEN NAME Mollie McMahon	14. NAME OF HUSBAND OR WIFE Lela
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. 507 10 3077	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, K. C. Mo.	ADDRESS _____
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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, ashenia, 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) Cachexia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Reticulum cell sarcoma, with metastasis. DUE TO (c) Bronchopneumonia, Pyelonephritis		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____ (Min) _____	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 Sept 16, 1955, to Oct. 28, 1955, ~~and that death occurred at 1:50 P.M. on the date stated above.~~ and that death occurred at 1:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE GUIDO PODRECCA, M. D. Guido Podrecca	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 10/28/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-28-55	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Vinita Okla.
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DATE REC'D BY LOCAL REG. 10-30-55	REGISTRAR'S SIGNATURE Neve Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcome's Sons K-C. Mo.	ADDRESS _____
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DEC 9 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard L. Fisher*.....

Licensed Embalmer No...4

P. O. Address *J.C. 1*.....

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