

FILED JAN 30 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

DR. H. H. SILSBY
State File No. 1046

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
c. LENGTH OF STAY (in this place) 33 YRS.		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 1026 W. MONROE TERRACE		e. STREET ADDRESS (If rural, give location) 1026 W. MONROE TERRACE	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) F. c. (Last) McCRARY			4. DATE OF DEATH (Month) (Day) (Year) JAN. 20 1956		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH SEPT. 5 1883		9. AGE (in years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY FRISCO R.R.		11. BIRTHPLACE (City and State or Foreign Country) VERNON, IOWA	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME MINOR McCRARY		13b. MOTHER'S MAIDEN NAME AMANDA ALFREY		14. NAME OF HUSBAND OR WIFE KATHERINE McCRARY	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. KATHERINE McCRARY SPRINGFIELD, MO.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glomerulonephritis, Chronic DUE TO (b) _____ DUE TO (c) _____ 592X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis Arteriosclerotic C.V. disease Unknown				INTERVAL BETWEEN ONSET AND DEATH 2 years	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Springfield Greene Mo.	
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 **Apr 1954**, to **Jan 20, 1956**, that I last saw the deceased alive on **Jan 19, 1956** and that death occurred at **9 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. H. Silsby M.D.		(Degree of title) M.D.		23b. ADDRESS 609 Cherry St		23c. DATE SIGNED Jan 20 1956	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/23/56		24c. NAME OF CEMETERY OR CREMATORY EASTLAWN		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI	
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DATE REC'D BY LOCAL REG. 1-27-56		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edith Williamson SPRINGFIELD, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-1-1918

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.....
Lucian T. Swadlow

Licensed Embalmer No.....
4816

P. O. Address.....
Sanford

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.