

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 31 1956

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH <u>State Hospital #3</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Winnemucca</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY OR TOWN <u>Monett</u>		d. Is Residence within limits of a city or incorporated town? <u>Unknown</u>	
c. LENGTH OF STAY (in this place) <u>11 Mo 5 D</u>		e. STREET ADDRESS (If rural, give location) <u>00 51/1</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL #3 at Nevada, Mo</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		5. SEX		
<u>Jessie</u>			<u>1 - 20 - 1956</u>		<u>F</u>		
b. (Middle) <u>J</u>			c. (Last) <u>Sillipie</u>		6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>Unknown</u>		9. AGE (In years last birthday) <u>75</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		
13a. FATHER'S NAME <u>George Shultz</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Beaman</u>		14. NAME OF HUSBAND OR WIFE <u>Widowed</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Adm. Paper</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Vessel Disease</u>			ANTECEDENT CAUSES				<u>yes</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) <u>arteriosclerosis</u>				<u>yes</u>
			DUE TO (c) <u>Senile Dementia</u>				<u>yes</u>
II. OTHER SIGNIFICANT CONDITIONS			19a. DATE OF OPERATION <u>4 20 1</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
19b. MAJOR FINDINGS OF OPERATION			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 <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 <u>4-25, 1956</u> , to <u>1-20, 1956</u> , that I last saw the deceased alive on <u>1-19, 1956</u> , and that death occurred at <u>4:55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edmund J. Ferris MD</u>				23b. ADDRESS <u>Monett Mo</u>		23c. DATE SIGNED <u>1-20-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Jan 22, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New owners</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
DATE REC'D BY LOCAL REG <u>1-25-1956</u>		REGISTRAR'S SIGNATURE <u>Anna E Ferris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. P. Buchanan</u>		ADDRESS <u>Monett Mo</u>	

(Licensed Emballer's Statement on Reverse Side)

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

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48

5303
T. S. M. P.

MAR 14 1957

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.....

J. D. Buchanan

Licensed Embalmer No. 31

P. O. Address

Mount

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.