

STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1956

State File No. ....

BIRTH NO. 4880-56 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 233

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY OR TOWN St Joseph c. LENGTH OF STAY life d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph's Hospital 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Buchanan c. CITY OR TOWN St Joseph, Rural d. STREET ADDRESS Route 5

3. NAME OF DECEASED a. (First) Deborah b. (Middle) Leigh c. (Last) Silkott 4. DATE OF DEATH Feb. 26, 1956 5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH 2/25/1956 9. AGE (in years last birthday) 20 10a. USUAL OCCUPATION Infant 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE St Joseph, Mo. 12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME James Eldon Silkott 13b. MOTHER'S MAIDEN NAME Betty Alice Salisbury 14. NAME OF HUSBAND OR WIFE Newborn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Jimmie E. Silkott 18. ADDRESS P.O.

18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* Congenital Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 2 days

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 7544 20. AUTOPSY? YES [X] 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) 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 Feb. 25, 1956, to Feb. 26, 1956, that I last saw the deceased alive on Feb. 26, 1956, and that death occurred at 8 A. m., from the causes and on the date stated above.

23. SIGNATURE Charles T. Shindler (Degree or title) M.D. 23b. ADDRESS 901 Edmund St. City. 23c. DATE SIGNED 2/26/56 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 27, 1956 24c. NAME OF CEMETERY OR CREMATORY Memorial Park 24d. LOCATION (City, town, or county) (State) Springfield Mo.

DATE REC'D BY LOCAL REG. March 2, 1956 REGISTRAR'S SIGNATURE Esther M. Allison 485 25. FUNERAL DIRECTOR'S SIGNATURE Emma Cook 25. ADDRESS Springfield Mo.

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

**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 .....  
Student Embalmer

Signed *Eric J. Conway*

Licensed Embalmer No. 4679

P. O. Address St. Joseph, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.