

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1956

24088

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 340

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>                  |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Independence</u>  |  |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <u>Independence</u>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Residence</u>   |  |   |  | Length of stay in lb<br><u>5 yrs</u>  |  | d. STREET ADDRESS (If outside, give location)<br><u>10200 E. 18th St.</u>                                   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Elizabeth</u> Middle <u>M.</u> Last <u>Silsby</u>   |  |   |  | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>30</u> Year <u>1956</u>  |  |   |  |
| 5. SEX<br><u>female</u>   |  | 6. COLOR OR RACE<br><u>white</u>                          |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>Nov. 16, 1884</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Self employed</u> |  | 11. BIRTHPLACE (City and state or country)<br><u>Pettis County, Mo.</u>   |  | 9. AGE (In years last birthday)<br><u>71</u>  |  |
| 13. FATHER'S NAME<br><u>George B. Lamm</u>  |  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Mary Hart</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |  |   |  | 16. SOCIAL SECURITY NO.<br><u>none</u>  |  | 17. INFORMANT<br><u>Mrs. Henry Bultemeier, Independence, Mo.</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage,</u><br>DUE TO (b) <u>Hypertension and arteriosclerosis</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Years</u>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   |  |   |  |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>           |  |
| 20a. ACCIDENT <input type="checkbox"/>  |  | SUICIDE <input type="checkbox"/>                          |  | HOMICIDE <input type="checkbox"/>   |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>331x</u> |  |
| 20c. TIME OF INJURY<br>Hour <u>4:05P</u> Month <u>March</u> Day <u>16</u> Year <u>1956</u>  |  |   |  | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Independence, Mo.</u>                                       |  |   |  |
| 20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |   |  | 20f. CITY, TOWN, OR LOCATION<br><u>Independence, Mo.</u>  |  |   |  |
| 20g. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Independence, Mo.</u>   |  |   |  | 20h. COUNTY<br><u>Independence, Mo.</u>   |  |   |  |
| 20i. STATE<br><u>Missouri</u>   |  |   |  | 20j. CITY, TOWN, OR LOCATION<br><u>Independence, Mo.</u>  |  |   |  |
| 21. I attended the deceased from <u>march, 16, 56</u> to <u>July 30, 1956</u> and last saw her alive on <u>7/30/56</u><br>Death occurred at <u>4:05P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |  |   |  |   |  |   |  |
| 22a. SIGNATURE<br><u>M. L. Whitlow DO.</u>  |  |   |  | 22b. ADDRESS<br><u>Independence, Mo.</u>  |  |   |  |
| 22c. DATE SIGNED<br><u>7/31/56</u>  |  |   |  | 22d. LOCATION (City, town, or county) (State)<br><u>SEDALIA, MISSOURI</u>   |  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVED</u>   |  | 23b. DATE<br><u>AUG. 1, 1956</u>                          |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Independence, Mo.</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>SEDALIA, MISSOURI</u>                                   |  |
| 24. FUNERAL DIRECTOR<br><u>H. L. Carson</u>   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>8-1-56</u>   |  |   |  |
| 26. REGISTRAR'S SIGNATURE<br><u>James King</u>  |  |   |  | 27. LOCATION (City, town, or county) (State)<br><u>Independence, Mo.</u>  |  |   |  |

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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 *Harold E. Radriel*

Licensed Embalmer No. *46*

P. O. Address *Indep*

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