Health, Welfare Public Service

300
1-56

GOFORTH

FILED OCT 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31789
STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 6033 Registrar's No. 650

1. PLACE OF DEATH a. COUNTY Ripley	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Bardley — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Rural Bardley 0910 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Highway J — Length of stay in lb 50 years	d. STREET ADDRESS (If outside, give location) Highway J — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First THURLOW Middle ALLISON Last SILKWOOD

4. DATE OF DEATH: Month Sept. Day 13 Year 1956

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Sept. 14-1889

9. AGE (In years last birthday): 66 — 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): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (City and state or country): Benton County, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM L. SILKWOOD

14. MOTHER'S MAIDEN NAME: MINERVA WYNN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ********

16. SOCIAL SECURITY NO.: 491-16-2402

17. INFORMANT: Noble Silkwood — Address: Ponder, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart attack

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Sept 12-56 to Sept 13-56 and last saw her/him alive on Sept 13-56. Death occurred at 8:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C Goforth

22b. ADDRESS: Doniphan Mo.

22c. DATE SIGNED: Sept 14-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept. 17-1956

23c. NAME OF CEMETERY OR CREMATORY: Bardley Cemetery

23d. LOCATION (City, town, or county) (State): Bardley, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Edwards Funeral Home Doniphan, Mo.

25. DATE RECD. BY LOCAL REG.: 9-25-1956

26. REGISTRAR'S SIGNATURE: E H Johnston

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

277-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Glenn Harren

Licensed Embalmer No. 48

P. O. Address Doniphan

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