

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4378

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Qua 0349</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
f. STREET ADDRESS		(If rural, give location) <u>R 3</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Russell</u>	b. (Middle) <u>Wyatt</u>	c. (Last) <u>Siler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mich 1. 1957</u>
-------------------------------------	---------------------------	--------------------------	------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 4, 1893</u>	9. AGE (In years last birthday) <u>63</u>	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) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Brown Branch Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>James Siler</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Jenkins</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Siler</u>
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Siler, wife</u>	ADDRESS <u>Qua Mo R 3</u>
---	-------------------------------	---	---------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left cardiac decompensation</u>		<u>48 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(?) Leukemic infiltration - myocardium</u> DUE TO (c) <u>Lymphatic leukemia</u>		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic, &amp; acute vaceritation</u>		<u>2 yrs</u>	

19a. DATE OF OPERATION <u>2/27/57</u>	19b. MAJOR FINDINGS OF OPERATION <u>Leukemic infiltration liver, stomach, mesentery</u>	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) <u>2</u>
--	--	--

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 2/26, 1957, to Mich 1, 1957, that I last saw the deceased alive on 28 Feb, 1957, and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William W. Wood MD</u>	23b. ADDRESS <u>Springfield 1211 So. Glenstone</u>	23c. DATE SIGNED <u>1 Mar 57</u>
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-1-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dan Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brown Branch Mo.</u>
--	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-4-57</u>	REGISTRAR'S SIGNATURE <u>Edith Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chick Kinghead</u>	ADDRESS <u>Funeral Home</u>
--	---	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 11 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 *Edw. C. Clunkingbeard*.....

Licensed Embalmer No. 4830

P. O. Address *Avon, Mo.*

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.