No. 300
10.48

FILED FEB 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5463

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY: Livingston,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (In this place): 3months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mag Cooper800 Cherry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN: Hale, 0150 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): ‡

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3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): MAY
c. (Last): SILVER

4. DATE OF DEATH (Month) (Day) (Year): Feb.20,1957

5. SEX: F

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed, 2

8. DATE OF BIRTH: Sept.18,1871

9. AGE (In years last birthday): 85 | IF UNDER 1 YEAR: Months 5 Days 22 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Livingston COunty,Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Alexander Young

13b. MOTHER'S MAIDEN NAME: Olive Ann Whitacre

14. NAME OF HUSBAND OR WIFE: John W.Silver,

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

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Mrs Mae Cooper 800 Cherry ADDRESS: Chillicoth Missouri

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 331X

20. AUTOPSY? YES ☐ 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) 2

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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* March 25, 1953, *to* Feb 20, 1957, *that I last saw the deceased alive on* Feb 19, 1957, *and that death occurred at* 5:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph T. Gale (Degree or title): M.D. | **23b. ADDRESS**: Chillicothe Mo | **23c. DATE SIGNED**: 2-21-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/22/1957

24c. NAME OF CEMETERY OR CREMATORY: Fairland

24d. LOCATION (City, town, or county) (State): Avalon, Missouri

DATE REC'D BY LOCAL REG.: 2/21/57 | REGISTRAR'S SIGNATURE: Frances B Neill

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Clifford W. Austin, Tina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

171-J

MAR 2 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missou

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