FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28355

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3721

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) KANSAS CITY — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Trinity Lutheran Hospital — Length of stay in lb 54 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1107 Linwood — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First MISS RUTH Middle M. Last SILVER

4. DATE OF DEATH Month Day Year August 7, 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 12-2-1890
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) Clerk Haul Jequips Law firm
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Ash Grove, Missouri.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Frank Silver
13b. MOTHER'S MAIDEN NAME Mary Louise Swinney
14. NAME OF HUSBAND OR WIFE none

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. 486-10-6064
17. INFORMANT J. R. Silver — Address 5218 West 70th Street

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) Cerebral hemorrhage c L. hemiparesis — INTERVAL BETWEEN ONSET AND DEATH 9 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Associated Essential hypertension — 1 yr +
DUE TO (c) — 33 1 +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Terminal bronchopneumonia
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 6-1-1957, to 8-7-1957 and last saw her alive on 8-6-1957
Death occurred at Trinity Hosp @ 10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph E Welker MD.
22b. ADDRESS 836 Prof Bldg. Kansas City 6 Mo.
22c. DATE SIGNED 8-8-1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-9-1957
23c. NAME OF CEMETERY OR CREMATORY Ash Grove
23d. LOCATION (City, town, or county) (State) Ash Grove, Missouri.

24. FUNERAL DIRECTOR Stine & McClure — ADDRESS K. C, Mo.
25. DATE RECD. BY LOCAL REG. 8-8-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Joseph E. Welker

Dr. Helker
Vi 2.6087
832 Prof Bldg

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 Eugene L. Kennon

Licensed Embalmer No. 4633

P. O. Address Kansas City

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.