

FILED DEC 12 1957

STANDARD CERTIFICATE OF DEATH

40724

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 498

S. 300
ev. 1-56

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Independence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Indep. Hospital</u> Length of stay in 1b | | d. STREET ADDRESS (If outside, give location) <u>821 W. Fernington</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Ray</u> Middle <u>Martin</u> Last <u>Silbwood</u> | | 4. DATE OF DEATH Month <u>Nov</u> Day <u>15</u> Year <u>1957</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov-15-1957</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>18</u> Days <u>18</u> Hours <u>18</u> Min. <u>18</u> |
| 11. BIRTHPLACE (City and state or country) <u>Independence - Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>Lamell Ray Silbwood</u> | | 14. MOTHER'S MAIDEN NAME <u>Deleau Hugill</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT <u>Mrs. W. W. Hugill</u> Address <u>Indep. - Mo</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Premature Birth</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Natural Causes</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____ | | | INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u> |
| 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.) <u>776X</u> | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ | |
| | | 20f. CITY, TOWN, OR LOCATION <u>Independence</u> COUNTY <u>Jackson</u> STATE <u>Mo.</u> | |
| 21. I attended the deceased from <u>11/14/57</u> to <u>11/15/57</u> and last saw her alive on <u>11/15/57</u> Death occurred at <u>4:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Stanford F. Cocke M.D.</u> | | 22b. ADDRESS <u>11037 Wiggins Rd.</u> | |
| 22c. DATE SIGNED <u>11/15/57</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Nov-17-1957</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Mount Grove</u> | | 23d. LOCATION (City, town, or county) (State) <u>Independence - Mo</u> | |
| 24. FUNERAL DIRECTOR <u>Roland G. Speaks</u> ADDRESS <u>Indep. Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-17-57</u> | |
| | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | |

RECEIVED
DEC 10 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 *Rollie Kessel*

Licensed Embalmer No. *469*

P. O. Address *Indep.*

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.