

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004325  
STATE FILE NO.

FILED MAR 13 1958

Registration District No. 2 Primary Registration District No. 5014 Registrar's No. 20

300  
-573

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Rural</b> TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR <b>Industrial City</b> TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>West Savannah Road</b> INSTITUTION		Length of stay in lb <b>1 day</b>	d. STREET ADDRESS (If outside, give location) <b>2720 Green Valley Rd.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>WALTER</b> Middle Last <b>SILKEN</b>			4. DATE OF DEATH Month <b>March</b> Day <b>3</b> Year <b>1958</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 1, 1893</b>
9. AGE (In years last birthday) <b>65</b>		FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. meat trimmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Packing Plant</b>	11. BIRTHPLACE (City and state or country) <b>Europe</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Ella</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>495-07-1268</b>	17. INFORMANT Address <b>Industrial City, Mo</b> <b>Mrs. Ella Silken, 2720 Green Valley Rd.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral trauma</b>			INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>.22 calibre rifle bullet, hollow point</b>			<b>immediate</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) <b>976X</b>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Placed single-shot, .22 rifle at right temple, shot</b>		
20c. TIME OF INJURY Hour <b>6:30</b> Month, Day, Year <b>Mar. 3, 1958</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>across cerebral vault.</b>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>R.F.D. #2, St. Joseph, Mo.</b>	COUNTY <b>Andrew</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>March 4, 1958</b> to <b>same</b> and last saw him alive on <b>did not.</b> Death occurred at <b>6:30</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W.S. Maxwell, D.O., Crown</b>		22b. ADDRESS <b>307 W. Main, Savannah, Mo.</b>	22c. DATE SIGNED <b>3/6/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>3/6/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
24. FUNERAL DIRECTOR <b>Heaton-Bowman</b>		ADDRESS <b>St. Joseph, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-9-58</b>
26. REGISTRAR'S SIGNATURE <b>Lillian Sparks</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 14 1958

MAR 19 1958

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 *William J. [Signature]* .....

Licensed Embalmer No. 4538

P. O. Address 319511

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.