

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022414  
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 32

300  
1-57  
9.0  
10.0

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Waverly</b>		c. CITY OR TOWN <b>Waverly</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kelling Clinic</b>		Length of stay in lb <b>7 hr.</b>	
3. NAME OF DECEASED (Type or print) First <b>Lee</b> Middle <b>Webb</b> Last <b>Sylvester</b>		4. DATE OF DEATH Month <b>June</b> Day <b>16</b> Year <b>1958</b>	
5. SEX <b>Female</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>May 21/1864</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Waverly, Missouri</b>
13a. FATHER'S NAME <b>George Webb</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Grant Sylvester</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.	17. INFORMANT <b>Mrs. Gall</b> Address: <b>Blackburn, Mo.</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>chronic myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerosis generalized</b>			
DUE TO (c) <b>4221 F</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>fracture of left hip</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input checked="" 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.) <b>fell in yard fracturing left hip</b>	
20c. TIME OF INJURY Hour <b>7</b> Month, Day, Year <b>3-3-58</b> p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>about home</b>	
		20f. CITY, TOWN, OR LOCATION <b>Waverly</b>	
		COUNTY <b>Lafayette</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>3-3-58</b> to <b>6-16-58</b> and last saw <sup>him</sup> alive on <b>June 16, 1958</b> Death occurred at <b>11:05</b> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Douglas Kelling M.D.</i>		22b. ADDRESS <b>Waverly, Missouri</b>	
		22c. DATE SIGNED <b>6-18-58</b>	
23a. BURIAL, CREMATION REMOVAL (Specify) <b>burial</b>		23b. DATE <b>6/19/58</b>	
		23c. NAME OF CEMETERY OR CREMATORY <b>Waverly</b>	
		23d. LOCATION (City, town, or county) (State) <b>Waverly, Missouri</b>	
24. FUNERAL DIRECTOR <b>Bailey Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>6-18-58</b>	
		26. REGISTRAR'S SIGNATURE <i>Mavis O'Bailey</i>	

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 *Marie D. Bailey* .....

Licensed Embalmer No. *4887* .....

P. O. Address *Waverly, 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.