

Health,
& Welfare
Public
Service

S. 300
1-57

All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028873
STATE FILE NUMBER

DR DON SILSBY JR.

FILED AUG 18 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 798

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD <u>0396</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 2142 SO. KINGS		Length of stay in lb LIFE	d. STREET ADDRESS (If outside, give location) 2142 SO. KINGS Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GORDON J. WEBB			4. DATE OF DEATH Month Day Year AUGUST, 13, 1958
5. SEX MALE <u>0</u>	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE, 26, 1900
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WYANDOTTE CHEMICAL CO.		10b. KIND OF BUSINESS OR INDUSTRY CHEMICAL	11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO. <u>0</u>
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME MARK WEBB	
13b. MOTHER'S MAIDEN NAME CORDIA ADAMS		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, NO or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address MRS M. E. PATTERSON, SPRINGFIELD, MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion.			INTERVAL BETWEEN ONSET AND DEATH Instant.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)			
DUE TO (c) 4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) acute upper respiratory infection 2-3 wks.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
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 COUNTY STATE	
21. I attended the deceased from July 25, 58 to Aug 13, 58 and last saw ^{him} alive on Aug 1, 58 Death occurred at APPROX. 5:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Don J Silsby M.D.		22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 8-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG, 15, 58	23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD CEMETERY	23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI
24. FUNERAL DIRECTOR ADDRESS HERMAN LOHMEYER SPRINGFIELD, MO		25. DATE RECD. BY LOCAL REG. 8-14-58	26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

REC'D
1956

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

CMT.

Signed *Paul L. Loney*

Licensed Embalmer No. *4137*

P. O. Address *Springfield*

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.