

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031951

STATE FILE NUMBER

FILED SEP 30 1958

Registration District No. 44 Primary Registration District No. 4061 Registrar's No. 26

300
1-56

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>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Braymor</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Braymor</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>city limit</u>			Length of stay in 1b <u>lifotimo</u>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>ANDREW</u> Last <u>SILKWOOD</u>				4. DATE OF DEATH <u>9/23/1958</u> Month <u>9</u> Day <u>23</u> Year <u>1958</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>3/27/1869</u>		9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and state or country) <u>Caldwell Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>James Silkwood</u>				14. MOTHER'S MAIDEN NAME <u>Jano Cobbler</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. Sam Vanderpool, Braymor, Mo.</u> Address					
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>Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>4201</u>						INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>minutes</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						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.) <u>Natural causes.</u>						
20c. TIME OF DEATH Hour <u>2</u> Month <u>9</u> Day <u>23</u> Year <u>1958</u> a. m. <u>00</u>			20d. PLACE OF DEATH (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>					20e. CITY, TOWN, OR LOCATION <u>Braymor, Caldwell Co., Mo.</u>	
20f. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21. I <u>certified</u> he, deceased from <u>2</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at <u>2</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					22. SIGNATURE <u>Lenab. Michael, Coroner</u> (Deputy or title)	
22a. SIGNATURE			22b. ADDRESS <u>Braymor, Mo.</u>			22c. DATE SIGNED <u>9/24/1958</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>9/25/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen comotory</u>		23d. LOCATION (City, town, or county) <u>Braymor, Mo.</u>		23e. STATE <u>Mo.</u>		
24. FUNERAL DIRECTOR <u>Michael Funeral Home, Braymor, Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>9-26-1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Lucille Ann Jurgart</u>				

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 *Lemb. Michael*

Licensed Embalmer No. *43*

P. O. Address *Braym*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.