

Dr. H. Silsby

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017320

STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 519

S. 300
1-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY TEXAS	
b. CITY OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CABOOL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in lb 3 YRS.	
3. NAME OF DECEASED (Type or print) First FRANK Middle CHESTER Last COLBORN		4. DATE OF DEATH Month MAY Day 26 Year 1959	
5. SEX MALE	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 SEPT. 14 1883
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEEL MILL WORKER	11. BIRTHPLACE (City and state or country) NOBLE, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME WILLIAM COLBORN	
13b. MOTHER'S MAIDEN NAME IDA LYONS		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ?	17. INFORMANT JIM GENTRY Address CABOOL, MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic cardio-vascular disease DUE TO (c) Unknown			INTERVAL BETWEEN ONSET AND DEATH 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary emphysema			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 <input type="checkbox"/> HOME <input type="checkbox"/> NOT 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 Springfield Greene Mo.	
21. I attended the deceased from April 3, 1957 to May 26, 1959 . I last saw her alive on May 26, 1959 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Harry D. Silsby M.D. (Degree or title)	
22b. ADDRESS 609 Cherry St. Springfield, Mo.		22c. DATE SIGNED 27 May '59	
23a. BURIAL, CREMATION, REMOVAL <input checked="" type="checkbox"/>	23b. DATE 5/29/59	23c. NAME OF CEMETERY OR CREMATORY NOBLE, ILLINOIS	23d. LOCATION (City, town, or county) (State) NOBLE, ILLINOIS
24. FUNERAL DIRECTOR H.H. LOHMEYER		25. DATE RECD. BY LOCAL REG. 5-28-59	26. REGISTRAR'S SIGNATURE Effie E. Meeton

(Licensed Embalmer's Statement on Reverse Side)

HARRY D. SILSBY M.D.
 All diagnoses in Part I must use only standard nomenclature in item 18. No symptoms will be listed.
 doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

690. 6 I NNP.

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 *H. McCann*

Licensed Embalmer No. *2727*

P. O. Address *Springfield, 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.