Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1959

59-017400
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 479 A

1. PLACE OF DEATH a. COUNTY: Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Mt. Vernon — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Johns Hospital — Length of stay in lb: 3 days	d. STREET ADDRESS (If outside, give location): 403 S. Main — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Edith	Middle: Mae	Last: Silver	4. DATE OF DEATH: Month May, Day 13, Year 1959
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: March 26, 1887	9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping	11. BIRTHPLACE (City and state or country): Red Willow Co. Nebr.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: Dow Hovey	13b. MOTHER'S MAIDEN NAME: Ann Carter	14. NAME OF HUSBAND OR WIFE: Everett Silver		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Mrs. Esther Daugherty	Address: Mt. Vernon, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) HEMORRHAGE FROM ESOPHAGEAL VARICES — INTERVAL BETWEEN ONSET AND DEATH: 2 WKS.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) UNKNOWN CAUSE.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4621

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 5/10/59, to 5/13/59 and last saw her/him alive on 5/12/59

Death occurred at 3 00 Am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Glenn O. T. Wiener, M.D.	22b. ADDRESS: Springfield, Mo.	22c. DATE SIGNED: 5/20/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5-16-59	23c. NAME OF CEMETERY OR CREMATORY: Washburn Prairie Cemetery
23d. LOCATION (City, town, or county): Washburn	(State): Missouri.	
24. FUNERAL DIRECTOR: H.D. Fossett	ADDRESS: Mt. Vernon, Mo.	25. DATE RECD. BY LOCAL REG.: 5-21-59
26. REGISTRAR'S SIGNATURE: Effie G. Melton		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 me, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signed H D Fossett

Signature of Student Embalmer

Licensed Embalmer No 2201

P. O. Address Mt Vernon

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.