

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028163

FILED VS AUG 31 1959

38

3006

396

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		Length of stay in 1b <b>3 days</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Univ. of Mo Med Center</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>295 Harrison</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Suther</b> Middle <b>Wallace</b> Last <b>Silvey</b>				4. DATE OF DEATH Month <b>August</b> Day <b>21</b> Year <b>1959</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>7 Jun 26</b>	9. AGE (last birthday) <b>33</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hospital Orderly</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Brazil, Indiana</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Corbin Silvey</b>			13b. MOTHER'S MAIDEN NAME <b>Eula McMillion</b>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>			16. SOCIAL SECURITY NO. <b>497-26-1203</b>		17. INFORMANT Address <b>Mrs Eula Simpson - Kansas City, Mo</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <b>Laceration brain, extensive with hemorrhage</b>							<b>3 days</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)									
DUE TO (c) <b>Gunshot wound of head (.38 Cal.)</b>							<b>3 days</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Atelectasis both lungs, sever</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Patient shot by brother while being pursued in motor vehicle by State Policemen</b>					
20c. TIME OF INJURY <b>9:30 p.m.</b>		Month, Day, Year <b>8-18-59</b>							
20d. INJURY OCCURRED WHILE AT WORK <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>in car on Highway</b>		20f. CITY, TOWN, OR LOCATION <b>Versailles</b>		COUNTY <b>Missouri</b>		STATE	
21. I attended the deceased from <b>Coroner's case</b> , to <b>her</b> and last saw <b>him</b> alive on <b>7:10 P.M. 8-21-59</b> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <b>7:10 P.M. 8-21-59</b>									
21a. SIGNATURE (Degree, title) <b>Vincent P Perma, M.D. Coroner</b>				22b. ADDRESS <b>Univ of Mo Hospital</b>			22c. DATE SIGNED <b>8-21-59</b>		
23a. USUAL CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>26 Aug 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Versailles City</b>		23d. LOCATION (City, town, or county) <b>Versailles, Missouri</b>				
24. FUNERAL DIRECTOR <b>Hidwell Funeral Home - Versailles, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Aug 27 1959</b>		26. REGISTRAR'S SIGNATURE <b>Mrs R E Palmex</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0207 2 3 0222

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gene H. Bertram

Licensed Embalmer No. 40221

P. O. Address Versailles, 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.