URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–035307

STATE FILE NUMBER

FILED VS NOV 9 1959 042

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 1110

RENDED

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 15 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Josephs Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2705 Lafayette — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CLEO Middle: NELSON Last: SILL
4. DATE OF DEATH: Month November Day 1 Year 1959
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan. 21, 1895
9. AGE (last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Rairoad Co.
11. BIRTHPLACE (City and state or country): Darlington, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: N. B. Sill
13b. MOTHER'S MAIDEN NAME: Laura Black
14. NAME OF HUSBAND OR WIFE: Andre Sill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Kenneth A. Sill, Address: 710 Ingalls, St. Joseph, 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): Recurrant Cerebral Vascular Accidents — INTERVAL BETWEEN ONSET AND DEATH: Oct 25, 1959
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Old Arteriosclerosis — yrs
DUE TO (c): Old Hypertension — yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Rt Hemiplegia Old – Old CVA
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 9-25-58, to 11-1-59 and last saw ~~her~~ him alive on 11-1-59
Death occurred at 12:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF R.W. Kieber M.D.

22a. SIGNATURE (Degree or title): Robert W. Kieber M.D.
22b. ADDRESS: St. Joseph, Mo.
22c. DATE SIGNED: Nov. 2, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 11/4/1959
23c. NAME OF CEMETERY OR CREMATORY: Darlington Cemetery
23d. LOCATION (City, town, or county) (State): Darlington Mo.

24. FUNERAL DIRECTOR: Heaton Bowman — ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Nov. 6, 1959
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

NOV 12 1959

Dr Kuhn
P & S Bldg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William Spalding

Signature of Student Embalmer

Licensed Embalmer No. 4535

P. O. Address St Joseph, E

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