

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020074

FILED VS JUN 14 1960

Registration District No. 206 Primary Registration District No. 5746 Registrar's No. 20

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Madison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Madison			
b. CITY (If outside corporate limits, give TOWNSHIP only). OR TOWN Liberty Twp.		Length of stay in 1b life		c. CITY OR TOWN Liberty Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 18 mi. S of Arcadia			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 18 mi. S of Arcadia		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ANNA LOIS SILIVEN				4. DATE OF DEATH Month Day Year June 4 1960			
5. SEX fem	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb 17 1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Madison Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Miller			13b. MOTHER'S MAIDEN NAME Emma West		14. NAME OF HUSBAND OR WIFE Walter Siliven		
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. no		17. INFORMANT Address Walter Siliven, Annapolis Mo.			
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>cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis & hypertension</u> DUE TO (c) <u>diabetes mellitus</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u> <u>8 years</u> <u>2 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? NO	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. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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		COUNTY	STATE
21. I attended the deceased from <u>July, 1956</u> to <u>June 4, 1960</u> and last saw her alive on <u>June 17, 1958</u> Death occurred at <u>4.25 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Berneth P. Wheeler D.O.</u>				22b. ADDRESS <u>Fredricks town Mo</u>		22c. DATE SIGNED <u>6-6-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6-7-60	23c. NAME OF CEMETERY OR CREMATORY Polk Cemetery		23d. LOCATION (City, town, or county) Arcadia Mo.		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Iron ton Mo.			25. DATE RECD. BY LOCAL REG. 6-6-1960	26. REGISTRAR'S SIGNATURE <u>Therence Hicks</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Annely White

Licensed Embalmer No. 3012

P. O. Address Houston, 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.