

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026665

FILED VS JUL 18 1960

141

Primary Registration District No. 3025 Registrar's No. 108

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Norfolk</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Norfolk</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		Length of stay in 1b <u>6 yrs</u>	c. CITY OR TOWN <u>West Plains</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>412 Canterbury</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>412 Canterbury</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Melda E. Silman</u>			4. DATE OF DEATH Month Day Year <u>6-29-60</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-7-78</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>Wright Co., Mo USA</u>		
13a. FATHER'S NAME <u>Embrace Leach</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Lee</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>177-100-1000</u>		17. INFORMANT <u>Jay Delsing, West Plains Mo</u>	
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>Cardiac Insufficiency</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u>					<u>16 hrs</u>	
DUE TO (c) <u>Arteriosclerosis</u>					<u>12 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cholecystitis</u>				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? 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. 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>5-7-1960</u> to <u>6-28-1960</u> and last saw her <u>him</u> alive on <u>6-28-1960</u> Death occurred at <u>7:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Type or print) <u>Murray D. Puteland M.D.</u>			22b. ADDRESS <u>913 W. Main, West Plains, Mo.</u>		22c. DATE SIGNED <u>7-6-60</u>	
23a. BURIAL, CREMATION, OR OTHER (Specify) <u>B</u>	23b. DATE <u>7-6-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>James</u>	23d. LOCATION (City, town, or county) <u>West Plains Mo</u>	(State)		
24. FUNERAL DIRECTOR <u>Robert M. West Plains</u>	ADDRESS <u>Mo 6-13-60</u>	25. DATE RECD. BY LOCAL REG. <u>6-13-60</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 18 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed W. S. Roberts

Licensed Embalmer No. 343
P. O. Address West Hill

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.