

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

C. H. Silsby

-60-045719

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1287

STATE FILE NUMBER

FILED VS JAN 3 1961

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2101 GLENDALE</b>		d. STREET ADDRESS (If outside, give location) <b>1335 S. MARYLAND</b>	

3. NAME OF DECEASED (Type or print) First <b>DELIA</b> Middle <b>A.</b> Last <b>JONES</b>	4. DATE OF DEATH Month <b>DEC.</b> Day <b>25</b> Year <b>1960</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/3/80</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>BOLIVAR, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>RICHARD M. ROARK</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>HARRY E. JONES (DEC.)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT <b>MRS. HOWARD EOFF</b>	Address <b>HAWAIIA</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Probable Heart failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>few hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b>		<b>6 years</b>
DUE TO (c) <b>Arteriosclerotic Vascular Disease</b>		<b>Unknown</b>
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 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	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
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21. I attended the deceased from <b>Jan 14 '54</b> to <b>Dec 25 '60</b> and last saw her <sup>her</sup> alive on <b>Nov 18, '60</b> Death occurred at <b>8:15 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>C. H. Silsby M.D.</i>	(Degree or title)	22b. ADDRESS <b>609 Cherry St.</b>	22c. DATE SIGNED <b>Dec 27 '60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12/29/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK</b>	23d. LOCATION (City, town, or county) <b>SPRINGFIELD, MO.</b>
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24. FUNERAL DIRECTOR <b>H.H. LOHMEYER FUNERAL HOME</b>	ADDRESS <b>SPRINGFIELD, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>12-30-60</b>	26. REGISTRAR'S SIGNATURE <i>Effe S. Melton</i>
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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 H L Mc Cormac

Licensed Embalmer No. 272

P. O. Address Alpena

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.