

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013983

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2036

AMENDED

FILED MAY 8 1961

DATE AMENDED: 4/26/61
 INSTEAD OF: George N. Silsbee
 DOCUMENT: MEDICAL CERTIFICATION
 BY AFFIDAVIT OF INFORMANT: Frank Ellis
 SHOULD READ: George H. Silsbee
 ITEM NO.: 3

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> Length of stay in lb <u>5.6 yrs</u>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>General Hosp.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>235 N. 74th</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>George A. H. Silsbee</u>			4. DATE OF DEATH Month <u>4</u> Day <u>23</u> Year <u>61</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</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>7-19-1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Partner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Leroy's Tavern</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City Mo</u>
13a. FATHER'S NAME <u>Floyd Silsbee</u>		13b. MOTHER'S MAIDEN NAME <u>Lda Mae Roberts</u>	13c. NAME OF HUSBAND OR WIFE <u>Thelma Silsbee</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT Address <u>Kenneth Silsbee 233 W 74th</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>Thrombosis</u> DUE TO (b) <u>Obstructive neuropathy</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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.)	
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>4-12-61</u> to <u>4-23-61</u> and last saw him alive on <u>4-23-1961</u> Death occurred at <u>5:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D. Donna</u> (Degree or title)		22b. ADDRESS <u>2400 Perry City</u> DATE SIGNED <u>4/23/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-25-61</u>	
23c. NAME OF CEMETERY OR CREMATOR <u>Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Wernall Funeral Home Inc</u>		25. DATE RECD. BY LOCAL REG. <u>4-24-61</u>	
		26. REGISTRAR'S SIGNATURE <u>Burth Long</u>	

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Russell N France

Licensed Embalmer No. 4255

P. O. Address Keokuk

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.