

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021973

STATE FILE NUMBER

Registration District No. 234 Primary Registration District No. 5815 Registrar's No. 11

AMENDED

DECEASED JUL 1 1961

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>RURAL HAWCREEK TWP 5040.</u>		c. CITY OR TOWNSHIP <u>RURAL HAWCREEK TWP</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>12 MILES SE VERSAILLES</u>		d. STREET ADDRESS (If outside, give location) <u>12 MILES SE VERSAILLES</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Alvin Ross SILVEY</u>		4. DATE OF DEATH Month Day Year <u>JUNE 30 1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC. 12 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and state or country) <u>MORGAN COUNTY Mo.</u>
13a. FATHER'S NAME <u>JOHN L. SILVEY</u>		14. NAME OF HUSBAND OR WIFE <u>LAURA SILVEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>NO</u>		17. INFORMANT <u>LAURA SILVEY VERSAILLES 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>Ruptured belt lung & Heart</u> DUE TO (b) <u>Self inflicted gunshot wound</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</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 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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Self inflicted gunshot (16ga Shotgun)</u>	
20c. TIME OF INJURY Hour <u>5:15</u> Month, Day, Year <u>6/30/61</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm home</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Versailles Morgan Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5:15A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James R. Scrivner Crown</u>		22b. ADDRESS <u>Versailles, Mo.</u>	
22c. DATE SIGNED <u>7/1/61</u>		22d. STATE <u>Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>July 2 1961</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>RITCHIE CEMETERY</u>		23d. LOCATION (City, town, or county) <u>MORGAN COUNTY Mo.</u>	
24. FUNERAL DIRECTOR <u>SCRIVNER-STEVINSON</u>		25. DATE RECD. BY LOCAL REG. <u>July 2 - 1961</u>	
26. ADDRESS <u>STOVER Mo</u>		27. REGISTRAR'S SIGNATURE <u>Ann G. Fappage</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

James R. Scumier

Licensed Embalmer No. 4880

P. O. Address Vermont, 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.