

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044279

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
 DR. DON SILSBY JR.
 AMENDED

Registration District No. **128** Primary Registration District No. **2000** Registrar's No. **1316**

STATE FILE NUMBER

FILED JAN 2 1962

DATE RECEIVED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 40 YRS.	c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1017 E. PACIFIC		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1017 E. PACIFIC		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NELL Middle GREENE Last MEREDITH			4. DATE OF DEATH Month DEC. Day 25 Year 1961		
5. SEX FEMALE	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 10/1/83	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 24 HR Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) GREENE COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME GREENE PLUMMER		13b. MOTHER'S MAIDEN NAME BELL GAULT		14. NAME OF HUSBAND OR WIFE JOE H. MEREDITH SR.	
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 JOE H. MEREDITH SR. SPRINGFIELD, 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) Coronary Occlusion, acute DUE TO (b) arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH Instant
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Residual, Cerebral thrombosis, May 1961.				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 May 1961 to Dec '61 and last saw her ^{her} him alive on Aug 21, 1961 Death occurred at 3:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Don Silsby M.D. (Degree or title)			22b. ADDRESS Springfield, Mo		22c. DATE SIGNED 12/26/61
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/28/61	23c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL		23d. LOCATION (City, town, or county) SPRINGFIELD, MO.	(State)
24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 12-28-61	26. REGISTRAR'S SIGNATURE Effie S. Patton		

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 Raymond C. Coover

Licensed Embalmer No. 2727

P. O. Address Appld

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.