

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045393

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. — Registrar's No. 221

AMENDED

FILED DEC 26 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Champaign</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mayfield Twn.</u>		Length of stay in 1b <u>30 Min.</u>	c. CITY OR TOWN <u>Champaign</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>15 Miles E. Hwy. 66</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>55 E. Daniel</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Herbert</u> Middle <u>E.</u> Last <u>Silkey</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>16</u> Year <u>1961</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>10-15-98</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>63</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chanute A.F.B.</u>	11. BIRTHPLACE (City and state or country) <u>Urbanana Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank A. Silkey</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Geiler</u>		14. NAME OF HUSBAND OR WIFE <u>Esther Silkey</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>—</u>	17. INFORMANT <u>Heath Funeral Home-Champaign, Ill.</u> Address		
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>Head & chest crushed</u>					INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Compound fracture to both legs</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 checked="" 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.) <u>Car accident</u>			
20c. TIME OF INJURY Hour <u>12:50</u> Month <u>12</u> Day <u>16</u> Year <u>61</u> 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>Hwy 66</u>	
20f. CITY, TOWN, OR LOCATION <u>Mayfield</u>		20g. COUNTY <u>Laclede</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>12:50 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>P. J. Shadel</u> (Degree or title) <u>Coroner</u>			22b. ADDRESS <u>City Rt 66 W, Lebanon, Mo</u>		22c. DATE SIGNED <u>12-17-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12-20-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Urbanana Ill.</u>	
24. FUNERAL DIRECTOR <u>C. W. Heath - Champaign, Ill</u>		25. DATE RECD. BY LOCAL REG. <u>12-18-1961</u>		26. REGISTRAR'S SIGNATURE <u>Hella L. Day</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 7 1962

DEC 29 1961

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 Douglas Griswold

Licensed Embalmer No. 5099

P. O. Address Lebanon, 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.