

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-47936
STATE FILE NUMBER

Registration District No. 241 Primary Registration District No. 5829 Registrar's No. 8

AMENDED

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Portageville Length of stay in 1b 6 yrs.
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY New Madrid
c. CITY OR TOWN Portageville Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Portageville Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Author (None) Silman 12-18-1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-10-1883 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) Farming 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Scott Co. Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME B.J. Silman 13b. MOTHER'S MAIDEN NAME Jenny ~~Brown~~ Bryears 14. NAME OF HUSBAND OR WIFE Divorced

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. None 17. INFORMANT James E. Silman Address Kalamazoo, Mich

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 INTERVAL BETWEEN ONSET AND DEATH minutes
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Portageville 20f. CITY TOWN, OR LOCATION Portageville COUNTY Mo. STATE Mo.

21. I attended the deceased from Dec 1961 to 18 Dec 61 and last saw him alive on 18 Dec 61
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. S. Painter Jr. (Degree or title) M.D. 22b. ADDRESS Portageville, Mo. 22c. DATE SIGNED 3-1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-20-1961 23c. NAME OF CEMETERY OR CREMATORY Stanfield Cen. 23d. LOCATION (City, town, or county) (State) Clarkton, Mo.

24. FUNERAL DIRECTOR Lloyd Russell ADDRESS Piggott, Arka 25. DATE RECD. BY LOCAL REG. March 22, 1962 26. REGISTRAR'S SIGNATURE Ellen S. Milner

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 me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Legat Russeel

Licensed/Embalmer No. 509-9m

P. O. Address Piggott, Ar

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.