

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=62-006344**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 737 Primary Registration District No. \_\_\_\_\_ Registrar's No. 63

**FILED MAR 5 1962**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Henry</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor</b>	a. STATE <b>Mo.</b>	b. COUNTY <b>Henry</b>
Length of stay in lb <b>6 hrs.</b>		c. CITY OR TOWN <b>Windsor</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Windsor Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>406 E. Colorado</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Middle Last <b>LOUIE ESTELLA OGDEN SILVER</b>	Month Day Year <b>March 2, 1962</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-30-1871</b>	9. AGE (last birthday) <b>90</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Ogden, Illinois</b>	11. BIRTHPLACE (City and state or country) <b>U. S. A.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
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13a. FATHER'S NAME <b>William Ogden</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Frances Ogden</b>	14. NAME OF HUSBAND OR WIFE <b>Wm. Frank Silver</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>(none)</b>	17. INFORMANT <b>Ethel Mae Silver Windsor, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Respiratory Collapse</b>		<b>30 min.</b>
DUE TO (b) <b>Left Heart Failure</b>		<b>2 mos.</b>
DUE TO (c) <b>Arteriosclerotic Heart Disease</b>		<b>5 yrs</b>
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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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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
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21. I attended the deceased from Feb 1960 to 2 March 1962 and last saw her alive on 2 March 1962  
Death occurred at 6:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>William J. Smith M.D.</i>	(Degree or title)	22b. ADDRESS <b>Windsor, Mo.</b>	22c. DATE SIGNED <b>3/3/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3-5-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Stern Cemetery</b>	23d. LOCATION (City, town, or county) <b>Ogden, Illinois</b>
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24. FUNERAL DIRECTOR <b>Clifford Gouge Windsor, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Mar. 3, 1962</b>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>
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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**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 Clifford Gouge 5014

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.