

Dr. Don Silsby

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031979

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 1258-A

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED SEP 16 1963

VS 300  
Rev. 4/59

10397

20397

3

4 1

5 2

6

7 1

8 2

94200

10

11

12 86-0

13

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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 9 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 MERCY VILLA INFIRMARY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 422 E. BROWER (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MAE Middle ELMA Last PITTAWAY			4. DATE OF DEATH Month SEPT Day 6 Year 1963		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-30-1876	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days 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) NEW LONDON, IOWA	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Z. R. POWELL (DEC.)		13b. MOTHER'S MAIDEN NAME MARY OLIVE LITZENBERG (DEC.)	
14. NAME OF HUSBAND OR WIFE * * * * *		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.	
17. INFORMANT MINA MAE HAYES, SPRINGFIELD, MO.		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) <i>Arteriosclerotic heart disease</i> DUE TO (b) <i>arteriosclerosis, general</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
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 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 for <i>several years</i> to <i>Sept 6</i> and last saw her <i>Sept 6, 1963</i> Death occurred at <i>6:30 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Don Silsby</i> Don Silsby (Legible or file) M.D.		22b. ADDRESS 609 Cherry St. Springfield, Missouri		22c. DATE SIGNED 9-12-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-7-63	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) FORT STOCKTON, TEXAS	
24. FUNERAL DIRECTOR HERMAN H. LOHMEYER, SPRINGFIELD, MO.		ADDRESS		25. DATE RECD. BY LOCAL REG. 9-13-63	26. REGISTRAR'S SIGNATURE <i>Bennie Medley</i>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

SEP 18 1963

9-1-63

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

*Lucian T. Bradley*

Licensed Embalmer No. 1825

P. O. Address Springfield, 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.