MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048691

STATE FILE NUMBER

Registration District No. 806 Primary Registration District No. 3042 Registrar's No. 5

FILED JAN 10 1964

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0621
2 0942
3
4 1
5 0
6
7 0
8 2
9 7615
10
11
12 1-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: FREDERICKTOWN — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Madison Co. Memorial Hosp. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: ST. FRANCOIS
c. CITY OR TOWN: FLAT RIVER — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 506A BASS ST. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First LEIGH Middle ANN Last SILVEY

4. DATE OF DEATH: Month DEC Day 28 Year 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-27-1963
9. AGE (last birthday): 1 day — 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): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): FREDERICKTOWN, MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: CARLEEN SILVEY
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of serv
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. ALEEN SILVEY, Flat River, Mo. Address 506A BASS ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prematurity — 14 hrs
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Prolapsed cord & Neonatal asphyxia

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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 27, to Dec 28 and last saw her/him alive on Dec 27
Death occurred at 1:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C W Chastain MD
22b. ADDRESS: Farmington Mo
22c. DATE SIGNED: 12/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12-28-63
23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
23d. LOCATION (City, town, or county) (State): Madison County, Missouri

24. FUNERAL DIRECTOR ADDRESS: SAM NAJIM, JR., FREDERICKTOWN, MO.
25. DATE RECD. BY LOCAL REG.: 1-4-1964
26. REGISTRAR'S SIGNATURE: Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

AUG 4 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed ~~by me,~~

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

~~working under my personal supervision.~~

~~Student~~ _____
Signature of Student Embalmer

Signed Sam Sayin, Jr

Licensed Embalmer No. 4299

P. O. Address Fredericktown 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.