

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 329

11
17

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>154</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Morgan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph Washington</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>		7 1 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u> <u>6302 Washington St.</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>					
3. NAME OF DECEASED a. (First) <u>Amanda</u> (Type or Print)			b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Silvey</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>4</u> (Year) <u>1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9/4/78</u>		9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan Co, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Marriott</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Guthery</u>			14. NAME OF HUSBAND OR WIFE <u>William P. Silvey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. C.W. Heppard 6302 Washington</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334</u>						INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u> <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2</u>					
22. I hereby certify that I attended the deceased from <u>Jan 17</u> , 19 <u>49</u> , to <u>Feb 4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 4</u> , 19 <u>49</u> , and that death occurred at <u>6 p.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Benjamin W. Riley D.O.</u>			23b. ADDRESS <u>St. Joseph, Mo. 6207 Knight Hill Ave</u>			23c. DATE SIGNED <u>2-5-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/5/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ritchie Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo. Versailles, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 7, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>		3825 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John C. Huff St. Joseph, Mo.</u>					

FEB 20 1949

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. 212

working under my personal supervision.

Signed Mansel P. Stabe
Student Embalmer

Signed John E. Rupp
Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.