

FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27526**

BIRTH NO.		REG. DIST. NO. 247	PRIMARY REG. DIST. NO. 4366	Registrar's No. 36
1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GRANBY		c. LENGTH OF STAY (in this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GRANBY
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 10		
3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN FRANKLIN b. (Middle) SILER c. (Last) SILER		4. DATE OF DEATH (Month) (Day) (Year) 9-4-1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-28-86	9. AGE (In years last birthday) 63 Months 5 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GRANBY, MO D
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Siler		
13b. MOTHER'S MAIDEN NAME MATILDA GIGSBY		14. NAME OF HUSBAND OR WIFE Rose Siler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) U.K. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Siler ADDRESS Granby Mo
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably stomach ulcer ANTECEDENT CAUSES Morbic conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Choked on gas & mucus causing death DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2x
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9.3 , 1949, to 9.4 , 1949, that I last saw the deceased alive on 9.3 , 1949, and that death occurred at 8a m., from the causes and on the date stated above.				
23a. SIGNATURE LE Rolens mo (Degree or title)		23b. ADDRESS Granby mo		23c. DATE SIGNED 9.7-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-6-49		24c. NAME OF CEMETERY OR CREMATORY GRANBY CEM.
24d. LOCATION (City, town, or county) (State) GRANBY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE Chelver-Jewmake ADDRESS Granby mo		
DATE REC'D BY LOCAL REG. Sept 7, 1949		REGISTRAR'S SIGNATURE M. L. Young 225		

(Licensed Embalmer's Statement on Reverse Side)

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

1310

RECEIVED

District Health Officer No. NEWTON Co. HEALTH UNIT
District File Number 949-156
Date Filed SEP 13 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.

working under my personal supervision.

Student
Student Embalmer

Signed G. E. Culver.....

Licensed Embalmer No. 3584.....

P. O. Address Cassville, 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.