

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37764

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>375</u>	
1. PLACE OF DEATH a. COUNTY <u>Watts Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place) <u>9 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladonia</u>		0040	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Missouri</u>			
3. NAME OF DECEASED a. (First) <u>Dorothy</u> (Type or Print)			b. (Middle) <u>Dell</u>		c. (Last) <u>Silvey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31 1950</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>July 25, 1915</u>	9. AGE (In years last birthday) <u>35</u>	# UNDER 1 YEAR Months <u>3</u> Days <u>6</u>	# UNDER 1 MIN. Hours _____ Min. _____
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		11. BIRTHPLACE (State or foreign country) <u>Roodhouse, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Guy Ashlock</u>			13b. MOTHER'S MAIDEN NAME <u>Aida Forrester</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Silvey</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm Silvey Ladonia, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. <u>Carcinoma of uterus with antecedent causes</u> DUE TO (b) <u>Feveric and abdominal</u> DUE TO (c) <u>metastatic</u>				INTERVAL BETWEEN ONSET AND DEATH <u>174X</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?			
22. I hereby certify that I attended the deceased from <u>August 29 1950</u> to <u>Oct. 31 1950</u> , that I last saw the deceased <u>alive on Oct. 31 1950</u> , and that death occurred at <u>5:55 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>1001 Edwy Hannibal, Mo.</u>		23c. DATE SIGNED <u>11-5-50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ladonia Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Ladonia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-9-50</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		F. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde C. Wilbey Ladonia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 14 1950
ARION CO. HEALTH DEPT.
DATE FILED NOV 14 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed John F. Ellis
Licensed Embalmer No. 4613

P. O. Address Peru, 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.