

FILED FEB 5 1951

STANDARD CERTIFICATE OF DEATH

Dr. Don Silsby Jr.

State File No. 844

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BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

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

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, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (In this place) 42 Yrs.		d. STREET ADDRESS (If rural, give location) 915 W. Walnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION 915 W. Walnut			

3. NAME OF DECEASED a. (First) Willis (Type or Print)			b. (Middle) R.			c. (Last) Piersol			4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 17, 1871		9. AGE (In years last birthday) 79		IF UNDER 28: (Year) (Month) (Day) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Veterinarian		11. BIRTHPLACE (State or foreign country) Des Moines, Iowa /			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Josiawa Piersol		13b. MOTHER'S MAIDEN NAME Frances Rogers		14. NAME OF HUSBAND OR WIFE Eva Green Piersol	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eva Piersol Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial insufficiency				1 month	
		DUE TO (c) arteriosclerosis				years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HTN					

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 **Jan 16, 1951**, to **Jan 28, 1951**, that I last saw the deceased alive on **Jan 16, 1951**, and that death occurred at **7:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Don J. Silsby (Degree or title)		23b. ADDRESS W. Do Springfield, Mo		23c. DATE SIGNED Jan 29, '51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-30-51		24c. NAME OF CEMETERY OR CREMATORY Mt Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 1/29/51		REGISTRAR'S SIGNATURE W.E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. Lohmeyer Mo Springfield, Mo.	
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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.

Signed.....
Student Embalmer

Signed *Gene L. [Signature]*
Student Embalmer No.

Licensed Embalmer No. *47134*

P. O. Address *[Signature]*

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.