S. No. 300
10.48

FILED JUN 19 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20823

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 24

1710
1

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

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Versailles
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So. Monroe Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Versailles 0710
d. STREET ADDRESS (If rural, give location): S. Monroe Street 0

3. NAME OF DECEASED (Type or Print): a. (First) Della b. (Middle) c. (Last) SILVEY

4. DATE OF DEATH (Month) June (Day) 3rd (Year) 1951

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 15-1872
9. AGE (In years last birthday): 78 — If under 1 year: Months 8, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Morgan County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wm. Jones
13b. MOTHER'S MAIDEN NAME: Polly Conner
14. NAME OF HUSBAND OR WIFE: Calvin Silvey

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.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Grace Hunter- Versailles, 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): Hypertension and artery
ANTECEDENT CAUSES — DUE TO (b): Coronary disease
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c): Bleeding from G.I. Track-cause unknown

INTERVAL BETWEEN ONSET AND DEATH: 10 yrs. years. 3 da

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1949, *to* June 3, 1951, *that I last saw the deceased alive on* June 2, 1951, *and that death occurred at* 2:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ruth Kaufman, M.D. 0
23b. ADDRESS: Versailles, Mo.
23c. DATE SIGNED: 6-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: June 6 51
24c. NAME OF CEMETERY OR CREMATORY: Versailles City
24d. LOCATION (City, town, or county) (State): Versailles Missouri

DATE REC'D BY LOCAL REG.: June 15-1951
REGISTRAR'S SIGNATURE: J. L. Washburn, M.D. 214
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. F. Kidwell Versailles Mo
Per Vera O. Kidwell, Deputy

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-18-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 6-18-51

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 Gene T. Gautram
Licensed Embalmer No. 40215
P. O. Address Versailles, 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.