

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27590**

FILED AUG 22 1951

BIRTH NO. _____		REG. DIST. NO. <u>191</u>		PRIMARY REG. DIST. NO. <u>2702</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY xxxxxxxxxx Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Livingston			
b. CITY OR TOWN rural, Monroe Twn.		c. LENGTH OF STAY (In this place) driving thru		c. CITY OR TOWN rural, Monroe Twn		1590	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Kenneth		b. (Middle) Eugene		c. (Last) Silkwood		4. DATE OF DEATH (Month) - (Day) (Year) Aug. 5, 1951	
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 28, 1924	
9. AGE (In years last birthday) 26		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm hand		11. BIRTHPLACE (State or foreign country) S tet, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Albert Silkwood			13b. MOTHER'S MAIDEN NAME Evah Null			14. NAME OF HUSBAND OR WIFE Leona Silkwood	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) yes World War No. 2		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Silkwood Ludlow, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>The man died almost instantly as result of collision of auto + truck</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>truck, wheel of latter passed over his head, crushing w. Brain</i> DUE TO (b) <i>truck, wheel of latter passed over his head, crushing w. Brain</i> DUE TO (c) <i>truck, wheel of latter passed over his head, crushing w. Brain</i> 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 <i>substance on our ears, back of head, etc.</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other place) <i>36 N. 4th St. Monroe, Mo</i>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>Livingston, Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Aug 5, 1951 8:15 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Auto collided with truck</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>H. H. Powell M.D.</i> (Degree or title) Coroner 3				23b. ADDRESS Chillicothe <i>(28161 26)</i>		23c. DATE SIGNED 8-6-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE 8-7-51		24c. NAME OF CEMETERY OR CREMATORY Evergreen Cem.		24d. LOCATION (City, town, or county) (State) Braymer, Mo	
DATE REC'D BY LOCAL REG. 8-5-51		REGISTRAR'S SIGNATURE <i>Lester L. Quigg</i>		175		25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas J. Reed</i> ADDRESS Braymer, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

5-90
3



NOV 14 1951

NOV 27 1951

SEP 12 1951

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
Student Embalmer

Student Embalmer No. _____

Signed _____

Dernard F. Neach

Licensed Embalmer No. 2801

P. O. Address Braymer, Missouri.

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.