

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25156**  
**3739**

FILED AUG 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <del>Kansas</del> <b>MISSOURI</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>30-yrs</b>		c. CITY OR TOWN <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2909 Michigan</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maude</b> b. (Middle) <b>Ethel</b> c. (Last) <b>Silver</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jul. 25 1953</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow 2</b>		8. DATE OF BIRTH <b>Oct. 27 1879</b>	
9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Utica, New York</b>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>James Green</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>William Mc Kay Silver</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edith Silver 2909 Michigan</b>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerotic Heart Disease</b> <b>Years</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Cerebral hemorrhage 1 week</b> <b>DUE TO (c) Gastro-intestinal hemorrhage 3 weeks</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4200</b>			
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, 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 <u>1944</u> to <u>July 25, 1953</u> , that I last saw the deceased alive on <u>July 25, 1953</u> , and that death occurred at <u>12:16 P.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE <b>Robert Jansen</b> (Degree or title) <b>Robert Jansen M.D.</b>		23b. ADDRESS <b>101 East 63rd St</b>		23c. DATE SIGNED <b>7-27-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>July 28-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs C.L. Forster 918 Brooklyn Kas. City, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>7-28-53</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>			

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

fact

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..... Signature of Student Embalmer

Signed *Raymond F. Hoern*.....

Licensed Embalmer No. 426

P. O. Address *Kansas City*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.