

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29091

State File No. _____
REGISTRAR'S No. 5579 415 07/13/53

FILED SEP 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY <u>Japan</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before a. STATE <u>Missouri</u> b. COUNTY <u>Japan</u>)		
b. CITY OR TOWN <u>Mineral</u>		c. LENGTH OF STAY (in this place) <u>7 mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		d. STREET ADDRESS (If rural, give location) <u>928 McKeyley</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Japan Co TB Hosp</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) (First) <u>Evelyn Irene</u> (Middle) _____ (Last) <u>Silvey</u>		4. DATE OF DEATH (Month) <u>SEPT</u> (Day) <u>6</u> (Year) <u>1953</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>June 6 - 1917</u>	9. AGE (In years last birthday) <u>36</u>	10. IF UNDER 1 MRS. Hours <u>3</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Survivor Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James West</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Crider</u>		14. NAME OF HUSBAND OR WIFE <u>John C</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Records</u> ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>			INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 _____		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) <u>002X</u>		
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>8/2</u> , 19 <u>53</u> , to <u>8/6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8/5</u> , 19 <u>53</u> , and that death occurred at <u>4:45</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Lucile E. Douglass MD</u>		23b. ADDRESS <u>West City Mo</u>		23c. DATE SIGNED <u>8/6/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rich Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Newton County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-8-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Steve Parker Mortuary, Joplin, Mo.</u>		

490

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

RECEIVED SEP 14 1953

Jasper County Health Office

County File Number 53-9-746

Date Filed SEP 14 1953

SEP 16 1953

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 F. Mc Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.