

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34928

State File No.

FILED OCT 20 1953

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5078 Registrar's No. 79

0030
1

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Atchison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax-Rural-Dale</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax-Rural-Dale</u> | |
| c. LENGTH OF STAY (in this place) <u>lifetime</u> | | d. STREET ADDRESS (If rural, give location) <u>0030</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|--|-------------------------------|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Stewart</u> c. (Last) <u>Sillers</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 8, 1953</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>July 14 1892</u> | | | 9. AGE (In years last birthday) <u>61</u> | | IF UNDER 1 YEAR Months <u>2</u> Days <u>24</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Atchison Co. Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Peter Silbers</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anne Stewart</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Mina Silbers</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. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mina Silbers, Fairfax, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | |

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|--|--|---|--|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular Accident</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> | |
| ANTECEDENT CAUSES | | DUE TO (b) <u>Generalized arterio-sclerosis</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|--|--|
| 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>3.31X</u> | |
| 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 May 1, 1951, to Oct. 8, 1953, that I last saw the deceased alive on Oct. 8, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE <u>James L. Coffey</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Fairfax, Mo.</u> | | 23c. DATE SIGNED <u>10/13/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct. 11, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u> | |
| | | 24d. LOCATION (City, town, or county) (State) <u>Fairfax Mo.</u> | | | |

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|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>10/14/1953</u> | | REGISTRAR'S SIGNATURE <u>Mervin H. Schoeler</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoeler Funeral Home Fairfax, Mo.</u> | |
| | | | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

DEC 4 1953

DEC 10 1953

FEB 2 1954

FEB 17 1955

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 Marvin W. Schuler

Licensed Embalmer No. 4162

P. O. Address Fairfax, 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.