

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41892

State File No.

FILED DEC 15 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 175

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

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. CITY (If outside corporate limits, write RURAL and give township) Lamar	
d. FULL NAME OF HOSPITAL OR INSTITUTION Anderson Nursing Home, 507 So. Cedar.		d. STREET ADDRESS (If rural, give location) 800 Parry	
3. NAME OF DECEASED (Type or Print) a. (First) DEANIE b. (Middle) INIS c. (Last) SILKEY		4. DATE OF DEATH (Month) (Day) (Year) Dec 3 1953	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 5 1880
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Unknown
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Unknown (Evans)		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Martin Silkey
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. XXX	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Welfare Records, Nevada, 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) Hypostatic Pneumonia ANTECEDENT CAUSES Cerebral Hemorrhage DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 700	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) (Minute)	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 Dec 1, 1953 , to Dec 3, 1953 , that I last saw the deceased alive on Dec 3, 1953 , and that death occurred at 2:50 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. Newton M.D.		23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED 12/7/53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec 6 1953	24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	24d. LOCATION (City, town, or county) (State) Lamar, Missouri
DATE REC'D BY LOCAL REG. 12-8-1953	REGISTRAR'S SIGNATURE Anna E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Konantz Funeral Home, Lamar, Missouri	

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 Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.