

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5562**

BIRTH NO. **FILED FEB 16 1954** REG. DIST. NO. **241** PRIMARY REG. DIST. NO. **5828** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lincoln</b> b. (Middle) <b>Cap</b> c. (Last) <b>Silas</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 9, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Black</b>	7. MARRIED, NEVER MARRIED, WIDOWED, NEVER MARRIED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 30, 1902</b>	9. AGE (In years last birthday) <b>51</b>	10. MONTHS <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Varden Miss</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Elbert Silas</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Brack</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Mae Silas</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>426-03-9325</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Anna Mae Silas</b>	
				ADDRESS <b>Portageville Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular Hemorrhage</b>		DUE TO (b) <b>malignant Hypertension</b>			<b>2 days</b>	
*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)			<b>unknown</b>	
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 <b>331 x</b>			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)		
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 **10 Nov, 1953**, to **9 Feb, 1954**, that I last saw the deceased alive on **9 Feb, 1954**, and that death occurred at **11:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>F. V. Brooke, M.D.</b>		(Degree or title)		23b. ADDRESS <b>Caruthville, Mo</b>		23c. DATE SIGNED <b>11 Feb 1954</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-14-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Portageville Colored</b>		24d. LOCATION (City, town, or county) (State) <b>Portageville Mo</b>	
DATE REC'D BY LOCAL REG. <b>2-11-54</b>		REGISTRAR'S SIGNATURE <b>Ellen DeLisle</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>DeLisle Funeral Parlor - Portageville Mo</b>		ADDRESS	

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

0120

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 Joseph A. DeLush

Licensed Embalmer No. 448

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.