

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8172**

BIRTH NO. FILED APR 12 1954		REG. DIST. NO. 101	PRIMARY REG. DIST. NO. 4173	Registrar's No. 116
1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava 0-340		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Rev. b. (Middle) John W. c. (Last) Silvey		4. DATE OF DEATH (Month) (Day) (Year) 3-8-54		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-6-74	9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Clay County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Melvin Silvey		13b. MOTHER'S MAIDEN NAME Mary Wolf	14. NAME OF HUSBAND OR WIFE Alice Silvey	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Silvey, Ava, Missouri	
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) Wm's Cause ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) Parkinson II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 Days 1 1/2 hrs 3 hrs
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) 592X		
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11: A. m., from the causes and on the date stated above.				
23a. SIGNATURE M. C. Henry M.D. (Degree or title)		23b. ADDRESS Ava Mo		23c. DATE SIGNED 3-12-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-10-54	24c. NAME OF CEMETERY OR CREMATORY Fannon	24d. LOCATION (City, town, or county) (State) Ava, Missouri	
DATE REC'D BY LOCAL REG. 4-9-54	REGISTRAR'S SIGNATURE Wesley Bushman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Linkingbeard Funeral Home, Ava, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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 Lyle C. Glinkingbeard

Licensed Embalmer No. 4830

P. O. Address Avon, 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.