No. 300
10.48

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

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22490

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cameron.
c. LENGTH OF STAY (In this place): 8 m.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cameron Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clinton
c. CITY OR TOWN: 810 West 4th
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): Cameron Rt 0

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): H
c. (Last): Silvius

4. DATE OF DEATH (Month) (Day) (Year): 7 14 54

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-25-1887
9. AGE (In years last birthday): 67
If UNDER 1 YEAR: Months ____ Days ____
If UNDER 24 HRS.: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Clinton, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: William Silvius
13b. MOTHER'S MAIDEN NAME: Crouch
14. NAME OF HUSBAND OR WIFE: Emma L Silvius
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ____ (If yes, give war or dates of service) ____
16. SOCIAL SECURITY NO. ____
17. INFORMANT'S SIGNATURE OR NAME: Mrs Lola Silvius ADDRESS: Cameron 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gunshot Wound of Head - self inflicted — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

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: E976 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Cameron (COUNTY) Clinton (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 14 54 8 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Suicide

22. *I hereby certify that I attended the deceased from* 7-14, 1954, *to* 7-14, 1954 *that I last saw the deceased alive on* 7-14, 1954, *and that death occurred at* 5:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J D Kines (Degree or title) MD
23b. ADDRESS: Cameron Mo
23c. DATE SIGNED: 7-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-16-54
24c. NAME OF CEMETERY OR CREMATORY: Osborn Mo
24d. LOCATION (City, town, or county) (State): Osborn Mo

DATE REC'D BY LOCAL REG.: 7-15-54
REGISTRAR'S SIGNATURE: Winifred W. Moser 370-
25. FUNERAL DIRECTOR'S SIGNATURE: R Z Poland ADDRESS: Cameron Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert F Poland

Licensed Embalmer No. 477

P. O. Address 222 West Connecticut

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.