No. 300
10.46

FILED OCT 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31321

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5831 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~FAIRVIEW~~ Franklin Twp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: NEWTON
c. CITY OR TOWN: RURAL
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): RFD #4 NEASHO

0730

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): CLINTON
c. (Last): SILER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 26. 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: FEB. 23. 1886
9. AGE (In years last birthday): 68 — If under 1 year: Months 7 Days 3 — 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: TRUCK FARM.
11. BIRTHPLACE (City and State or Foreign Country): WOODWARD OKLAHOMA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: WILLIAM J. SILER
13b. MOTHER'S MAIDEN NAME: MAGGIE STEWART
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: MRS WILDA BOYDSTON — **ADDRESS**: SENECA MO.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: unk.

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:
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19___, to 9-26, 1954, that I last saw the deceased alive on _____, 19___, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE AND TITLE (Degree or title): Corley Thompson
23b. ADDRESS:
23c. DATE SIGNED: 9-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-28-1954
24c. NAME OF CEMETERY OR CREMATORY: BURKHART
24d. LOCATION (City, town, or county): NEWTON COUNTY
(State): MISSOURI

DATE REC'D BY LOCAL REG.: 10-1-1954
REGISTRAR'S SIGNATURE: Alpha Dyer 369
25. FUNERAL DIRECTOR'S SIGNATURE: Corley Thompson — ADDRESS: S. Neosho Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 1054-196

Date Filed OCT 5 1954

NEOSHO, MISSOURI

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 Ray P. Adams

Licensed Embalmer No. 4928

P. O. Address Neosho, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.