

No. 38464
10.48

FILED NOV 16 1954

THE DIVISION OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38464

0941
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 348

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| 1. PLACE OF DEATH a. COUNTY ST. FRANCOIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST. FRANCOIS | |
| b. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Flat River |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | • STREET ADDRESS (If rural, give location) 301 BRYAN 09420 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Otis b. (Middle) F. c. (Last) Silsby | | 4. DATE OF DEATH (Month) (Day) (Year) NOV. 8, 1954 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JUNE 25, 1875 |
| 9. AGE (In years last birthday) 79 Months 4 Days 13 | | 10. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) Retired | |
| 11. BIRTHPLACE (City and State or Foreign Country) OLNEY, ILLINOIS | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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| 13a. FATHER'S NAME Frederick Silsby | 13b. MOTHER'S MAIDEN NAME Armintha Duncan | 14. NAME OF HUSBAND OR WIFE Carric Silsby |
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| 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. 489-07-7599 | 17. INFORMANT'S SIGNATURE OR NAME Lorance Silsby | ADDRESS Flat River, Mo. |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 4 hrs. |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from **11-8, 1954** to **11-8, 1954**, that I last saw the deceased alive on **11-8, 1954** and that death occurred at **3:40 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) C. E. Conleton, M.D. | 23b. ADDRESS Farmington, Mo. | 23c. DATE SIGNED 11-12-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE NOV. 11, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Parkview Cem. | 24d. LOCATION (City, town, or county) (State) Near Farmington, Mo. |
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| DATE REC'D BY LOCAL REG. Nov. 12, 1954 | REGISTRAR'S SIGNATURE Etheridge | 25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell | ADDRESS Flat River, Mo. |
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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.....
Signature of Student Embalmer

Signed *P. Caldwell*

Licensed Embalmer No. *253*

P. O. Address *Flat River*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.