

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16397**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Flat River</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Flat River</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If usual, give location) <u>231 Mungen St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oliver</u>	b. (Middle) <u>Morton</u>	c. (Last) <u>Silaby</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 29-1873</u>	9. AGE (In years last birthday) <u>81-9-25</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant (retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Olney Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Mr. Fredrick K. Silaby</u>	13b. MOTHER'S MAIDEN NAME <u>Aramita Duncan</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Lena Berryman Silaby</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lena Silaby-231 Mungen St. Flat River, Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma R. eye</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Basal cell ca of lower eye lid.</u> 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 <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) (m.)	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 Feb 2, 1953, to 5-24, 1955, that I last saw the deceased alive on 5-22, 1955, and that death occurred at 12:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. H. Appshery, M.D.</u>	23b. ADDRESS <u>Flat River Mo</u>	23c. DATE SIGNED <u>5-25-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 26-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Garnington Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 27, 1955</u>	REGISTRAR'S SIGNATURE <u>Ether Redloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>	ADDRESS <u>303 Crane Flat River, Mo.</u>
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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 Alvin W. Hood, Student Embalmer No. \_\_\_\_\_, working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... Alvin W. Hood.....

Licensed Embalmer No.. 2780

P. O. Address... 3030 Main St

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.