

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43164**

FILED JAN 4 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **339** PRIMARY REG. DIST. NO. **6149** Registrar's No. **8**

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

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Puxico</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Puxico</b>	
c. LENGTH OF STAY (in this place) <b>67 years</b>		d. STREET ADDRESS (If rural, give location) <b>R. 2 Duck creek Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R. 2 Duck Creek Twp.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Baxter</b> c. (Last) <b>Siler</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 15, 1955</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow@d</b>	8. DATE OF BIRTH <b>May 26, 1875</b>
9. AGE (In years last birthday) <b>80</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bolivar, Tenn.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>John Q. Siler</b>		13b. MOTHER'S MAIDEN NAME <b>Margarett Edwards</b>	
14. NAME OF HUSBAND OR WIFE <b>deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>X X X X X X</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Oscar Siler</b>		ADDRESS <b>Puxico, Mo. R. 2</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CONGESTIVE HEART FAILURE</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4341</b>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <b>1953</b> to <b>12-15, 1955</b> , that I last saw the deceased alive on <b>12-15, 1955</b> , and that death occurred at <b>4:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. H. Reelings</b>		23b. ADDRESS <b>Puxico, Mo.</b>	
23c. DATE SIGNED <b>12/17/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>12-18-55</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Duck Creek cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Puxico, Mo. Rural</b>	
DATE REC'D BY LOCAL REG. <b>12/27/55</b>		REGISTRAR'S SIGNATURE <b>Paul Reed</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins &amp; Sons</b>		ADDRESS <b>Dexter, Mo.</b>	

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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 .....  
Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Deerfield MD

**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.