

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8176**

FILED APR 2 - 1956

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>337</b>			
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clinton</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>13 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Plattsburg</b>		d. STREET ADDRESS (If rural, give location) <b>0750</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hosp</b>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX			
a. (First) <b>HURSEL</b>			b. (Middle) <b>BOWMAN</b>			c. (Last) <b>SILER</b>			
6. COLOR OR RACE <b>White</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>			8. DATE OF BIRTH <b>Feb 6 1902</b>			9. AGE (In years last birthday) <b>54</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retail</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Piedmont Oklahoma</b>			
11. BIRTHPLACE (City and State or Foreign Country) <b>Piedmont Oklahoma</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>George Siler</b>			
13a. FATHER'S NAME <b>George Siler</b>			13b. MOTHER'S MAIDEN NAME <b>Cynthia Bowman</b>			14. NAME OF HUSBAND OR WIFE <b>Nannie Mae Siler</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>494-12-5267</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Mrs H. B. Siler</b>			
16. SOCIAL SECURITY NO. <b>494-12-5267</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Mrs H. B. Siler</b>			ADDRESS <b>Plattsburg, MO</b>			
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Damage</b>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				14 hrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (b) <b>gun shot wound</b>				14 hrs	
DUE TO (c)				DUE TO (c)					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Plattsburg</b>		21d. (COUNTY) <b>Clinton</b>			
21c. (CITY, TOWN, OR TOWNSHIP) <b>Plattsburg</b>		21d. (COUNTY) <b>Clinton</b>		21e. HOW DID INJURY OCCUR? <b>accidental firing of pistol</b>		21f. HOW DID INJURY OCCUR? WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
21d. (COUNTY) <b>Clinton</b>		21e. HOW DID INJURY OCCUR? WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21g. HOW DID INJURY OCCUR? <b>accidental firing of pistol</b>			
22. I hereby certify that I attended the deceased from <b>March 25, 1956</b> to <b>March 26, 1956</b> that I last saw the deceased alive on <b>March 26, 1956</b> , and that death occurred at <b>1:30 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>John P. Mahoney M.D.</b>				23b. ADDRESS <b>Plattsburg, Mo.</b>		23c. DATE SIGNED <b>March 26, 1956</b>			
24a. BURNAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3/28/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN</b>		24d. LOCATION (City, town, or county) (State) <b>Plattsburg MO.</b>			
24c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN</b>		24d. LOCATION (City, town, or county) (State) <b>Plattsburg MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>R. W. Lyon</b>		ADDRESS <b>Plattsburg MO</b>			
DATE REC'D BY LOCAL REG. <b>Mar 28, 1956</b>		REGISTRAR'S SIGNATURE <b>Lothar M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>R. W. Lyon</b>		ADDRESS <b>Plattsburg MO</b>			

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

APR 18 1956

MAY 23 1956

MAY 15 1956

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

*Phillips E. Cox*

Student Embalmer No.

*578*

working under my personal supervision.

Student

*Phillips E. Cox*

Student Embalmer

Signed

*Danell D. Lyon*

Licensed Embalmer No.

*3640*

P. O. Address

*Plattsburg, MO.*

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.