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State File No.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 27 1956

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 4129 Registrar's No.

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>CLINTON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TURNER</u> | c. LENGTH OF STAY (in this place) <u>LIFE</u> | c. CITY OR TOWN <u>TURNER</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Her Home</u> | | e. STREET ADDRESS (If rural, give location) <u>0250</u> | |

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|---|--------------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) _____ c. (Last) <u>SILVINS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 19 1956</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Wh.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>OCT. 21 1876</u> | 9. AGE (in years last birthday) <u>79</u> | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>TURNER MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> |

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| 13a. FATHER'S NAME <u>A.B. Williams</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY J. DANIELS</u> | 14. NAME OF HUSBAND OR WIFE <u>ADEN SILVINS</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. <u>-</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ADEN SILVINS - TURNER MO</u> |

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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, ashenia, 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>Cerebral Hemorrhage</u> | | <u>7-10 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-Vas. Dis</u> DUE TO (c) _____ | | <u>6 years</u> |
| II. 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 | 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) <u>443x</u> |
| 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? |

22. I hereby certify that I attended the deceased from Aug 1954, to April 1956, that I last saw the deceased alive on April 17, 1956, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

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|--|---------------------------------------|---|
| 23a. SIGNATURE (Degree or title) <u>John P. Mabrey M.D.</u> | 23b. ADDRESS <u>Plattsburg, Mo</u> | 23c. DATE SIGNED <u>April 24, 1956</u> |
|--|---------------------------------------|---|

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|--|--|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>4-22-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>PLATTSBURG CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>PLATTSBURG MO</u> |
| DATE REC'D BY LOCAL REG. <u>4-27-56</u> | REGISTRAR'S SIGNATURE <u>Elyde A. Bridger</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeMOSS CRAWK. CAMERON MO</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

1956 AUG 3

1956 NOV 15

1956 JUN 19

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 *Le Mas Frank*.....

Licensed Embalmer No. 252

P. O. Address *Cameron*.....

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