Dept. Health, Edu., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

45094 STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3048 Registrar's No. 502

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Levering Hospital — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal 0647 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 921 Lindell — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ESTHER Middle: PEARL Last: SILMAN

4. DATE OF DEATH: Month, Day, Year: December 20,1957

5. SEX: Female 6. COLOR OR RACE: White 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: September 6,1894

9. AGE (In years last birthday): 63 IF UNDER 1 YEAR: Months: 5 Days: 14 IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Paris Missouri
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: Richard B.Trussell
13b. MOTHER'S MAIDEN NAME: Emma Steel
14. NAME OF HUSBAND OR WIFE: George W.Silman (deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs.Harold Parsons, Address: Hannibal Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute toxic cirrhosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 5810
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 14 December to 20 Dec 1957 and last saw her/him alive on 20 Dec 1957. Death occurred at 10:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: 228 Bdwy., Hannibal, Missouri
22c. DATE SIGNED: 12-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-23-57
23c. NAME OF CEMETERY OR CREMATORY: Grandview Burial Park
23d. LOCATION (City, town, or county) (State): Hannibal, Missouri.

24. FUNERAL DIRECTOR: W Crawford Smith ADDRESS: Hannibal Missouri
25. DATE RECD. BY LOCAL REG.: 12-30-57
26. REGISTRAR'S SIGNATURE: By Dr E M Lucke W C Fisher

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

securing the medical certification in the specific manner required by 193.140 MoRS 1949.

89 0

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MARION CO. HEALTH DEPT.
DATE FILED JAN 1 1958

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 John S. Stevens

Licensed Embalmer No. 5540

P. O. Address Hannibal Missouri

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.