Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002221
STATE FILE NUMBER

FILED FEB 11 1959 Registration District No. 236 Primary Registration District No. 5818 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY OR TOWN: MOREAU TWP — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION: 3 MI. S OF VERSAILLES — Length of stay in Ib: 1 YR.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: MORGAN
c. CITY OR TOWN: MOREAU TWP — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3 MI S. OF VERSAILLES — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: IRVIN Middle: BOON Last: SILVEY

4. DATE OF DEATH: Month: JAN. Day: 30 Year: 1959

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: DEC. 7 1892
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months: 1 Days: 23 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and state or country): MORGAN County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JOHN SILVEY
13b. MOTHER'S MAIDEN NAME: HATTIE NAYLOR
14. NAME OF HUSBAND OR WIFE: LULU MAE SILVEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-42-9313
17. INFORMANT: LULU MAE SILVEY Address: VERSAILLES Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): Suffocation — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Strangulation — immediate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 974X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.): Self inflicted Hanging
20c. TIME OF INJURY: Hour 10:30 a.m. Month, Day, Year: JAN 30-59
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (Bldg., in or about home, farm, factory, street, office bldg., etc.): FARM BARN
20f. CITY, TOWN, OR LOCATION: MOREAU township COUNTY: Morgan STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 10:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lee R. Bartram Coroner
22b. ADDRESS: VERSAILLES Mo
22c. DATE SIGNED: 1-Feb '59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: FEB. 1 1959
23c. NAME OF CEMETERY OR CREMATORY: VERSAILLES CEMETERY
23d. LOCATION (City, town, or county) (State): VERSAILLES Mo.

24. FUNERAL DIRECTOR: John R. Scruggs ADDRESS: Versailles Mo.
25. DATE RECD. BY LOCAL REG.: 2-2-59
26. REGISTRAR'S SIGNATURE: J. L. Voelker

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

FEB 13 1959

VS FEB 26 1960

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 James R. Sermon

Licensed Embalmer No. 4880

P. O. Address Versailles, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.