

**FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS DEC 14 1959

**59-039054**

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1222

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>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Joseph</b>		Length of stay in 1b <b>Most of life</b>	c. CITY OR TOWN <b>St. Joseph</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Meth. Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1602 Boyd St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First **Ronald** Middle **Lewis** Last **Silvers** 4. DATE OF DEATH Month **December** Day **4** Year **1959**

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 26, 1894</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret. welder** 10b. KIND OF BUSINESS OR INDUSTRY **St. Joseph Power & Light Co.** 11. BIRTHPLACE (City and state or country) **Clarksdale, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Frank Silvers** 13b. MOTHER'S MAIDEN NAME **Elma Townsend** 14. NAME OF HUSBAND OR WIFE **Nora W. Silvers**

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. **491-09-7524** 17. INFORMANT Address **Mrs. Nora W. Silvers St. Joseph, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Adenocarcinoma of Pancreas = metastatic spread to abdomen**  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH **6 mo approx**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_  
PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  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 **12-29-59** to **12-4-59** and last saw him alive on **12-4-59**  
Death occurred at **4:20 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **316 North St. Joseph Mo.** 22c. DATE SIGNED **12-7-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Dec. 7, 1959** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Auburn Cemetery** 23d. LOCATION (City, town or county) (State) **St. Joseph, Missouri.**

24. FUNERAL DIRECTOR **[Signature]** ADDRESS **St. Joseph, Mo.** 25. DATE REC'D. BY LOCAL REG. **Dec. 9, 1959** 26. REGISTRAR'S SIGNATURE **[Signature]**

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

Wm B. Ross, M.D.

DEC 30 1959

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 Edward P. Harrington  
Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.