URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-041292
STATE FILE NUMBER

FILED VS DEC 11 1959

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bowling Green
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pike
c. CITY OR TOWN: Bowling Green
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): N 9th Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: James Middle: J. Last: Sillimon
4. DATE OF DEATH: Month: 11 Day: 27 Year: 59
5. SEX: male
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug 5 1884
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Funeral Home
11. BIRTHPLACE (City and state or country): Dennison, Texas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: Sallie Smith
14. NAME OF HUSBAND OR WIFE: Lucille Sillimon
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.: 145 16 6171
17. INFORMANT: Lucille Sillimon Address: 1815 E 35 St Kansas City, Mo.

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): Skull fracture (basal)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Compound fracture both legs
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): Inquest Pending.

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.) Subject was walking on highway at 1:30 AM was
20c. TIME OF INJURY: Hour 1:30 a.m. Month, Day, Year: Nov 27-59 struck by a car driven by David S. Dean. Driver did not see subject.
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.): Hwy 54
20f. CITY, TOWN, OR LOCATION: Bowling Green COUNTY: Pike STATE: Mo.
21. I attended the deceased from — to — and last saw ~~him alive~~ dead on Nov 27
Death occurred at 1:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. C. Mudd Coroner
22b. ADDRESS: Bowling Green Mo.
22c. DATE SIGNED: Nov 27-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Nov27 59
23c. NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.
24. FUNERAL DIRECTOR ADDRESS: Meek's Mortuary, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 12-1-59
26. REGISTRAR'S SIGNATURE: Bill Robinson

(Licensed Embalmer's Statement on Reverse Side)

VS DEC 11 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 m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Gre

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