

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-010879

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 72 Registration District No. 4134 Registrar's No. 54

FILED MAR 18 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY **Clay**

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Buchanan**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Smithville** Length of stay in lb **2 weeks** c. CITY OR TOWN **Wallace** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Smithville Hosp.** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Sylvia Siard **March 10, 1963**

5. SEX **Female** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **2-26-92** 9. AGE (last birthday) **71** 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) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY **home** 11. BIRTHPLACE (City and state or country) **Maryville, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Henry Hawks** 13b. MOTHER'S MAIDEN NAME **Sarah Alexander** 14. NAME OF HUSBAND OR WIFE **William Siard**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address **James Siard Farley, Missouri**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **Unconnaid myocardial insufficiency** INTERVAL BETWEEN ONSET AND DEATH **10 days**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **ASH**
DUE TO (c)

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 **3/1/63** to **3/1/63** and last saw her alive on **3/1/63**. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **A. Lawrence Buchanan** 22b. ADDRESS **Platts City** 22c. DATE SIGNED **3/1/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **3-13-63** 23c. NAME OF CEMETERY OR CREMATORY **Savannah Cemetery** 23d. LOCATION (City, town, or county) (State) **Savannah, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Vaughn Funeral Home Weston, Missouri** 25. DATE RECD. BY LOCAL REG. **3-12-63** 26. REGISTRAR'S SIGNATURE **Marguerite Hudgens**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.