

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020635

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 171 Primary Registration District No. 5639 Registrar's No. 13

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

1 0540
2 0540
3
4 0
5 1
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7 1
8 2
9 420-1
10
11
12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MAYVIEW</u>		c. CITY OR TOWN <u>MAYVIEW</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>1 1/2 MILE S.E.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>RUTHERFORD J. SILER</u>		4. DATE OF DEATH Month Day Year <u>MAY 22 1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-17-1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>VIRGINIA</u>
13a. FATHER'S NAME <u>JOHN SILER</u>		14. NAME OF MARRIED OR WIFE <u>ELIZABETH SILER</u>	
9. AGE (last birthday) <u>86</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Ruth Siler, Mayview, Mo</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> DUE TO (b) <u>CORONARY Thrombosis, old and New</u> DUE TO (c) <u>Arterio sclerosis Obliterans</u>			INTERVAL BETWEEN ONSET AND DEATH <u>old 2 YRS.</u> <u>3 months</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>April 24, 1959</u> to <u>May 21, 1963</u> and last saw him alive on <u>May 21, 1963</u> Death occurred at <u>3:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) <u>Edwin Wilson, D.O.</u>		22b. ADDRESS <u>1815 Main, Higginsville Mo.</u>	22c. DATE SIGNED <u>5/25/63</u>
23a. BURIAL, CREMATION, or other disposition (Specify) <u>BURIAL</u>	23b. DATE <u>MAY 25 1963</u>	23c. NAME OF CEMETERY <u>CTTY</u>	23d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE MO.</u>
24. FUNERAL DIRECTOR <u>WIEGERS-RIEKHOE</u> ADDRESS <u>Higginsville Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5/28/63</u>	26. REGISTRAR'S SIGNATURE <u>Emma Davidson</u>

(Licensed Embalmer's Statement on Reverse Side)

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 Roy F. Wiegels

Licensed Embalmer No. 2883
P. O. Address Higginsville 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.