

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048380

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 73

FILED DEC 18 1963

VS 300
Rev. 4/59

1 7004
2 4000
3 1
4 0
5 2
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7 0
8 2
9 12-01
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11
12 92-3
13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lees Summit</u>		Length of stay in lb <u>6 yrs.</u>	c. CITY OR TOWN <u>Lees Summit</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOA Lee's Summit Clinic</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Longview Farm</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Kenneth H. Silsbee</u>			4. DATE OF DEATH Month Day Year <u>12/11/63</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-17-1913</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gardener</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>50</u>
11a. FATHER'S NAME <u>Unknown</u>		11b. MOTHER'S MAIDEN NAME <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		16. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE <u>Eleanor Silsbee-Dec.</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		17. INFORMANT Address <u>K.C.MO.</u> <u>Bonnie Silsbee, 818 Wyandotte,</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 Month, Day, Year <u>12-11-63</u>		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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Duane H. Quinn, Coronar</u>		22b. ADDRESS <u>152 Huron Station</u>	
22c. DATE SIGNED <u>12-13-63</u>		22d. LOCATION (City, town, or county) (State) <u>Kankakee, Illinois</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12-15-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Garden Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kankakee, Illinois</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Sheil Colonial Funeral Home, K.C.Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12/14/63</u>	
26. REGISTRAR'S SIGNATURE <u>W.D. Langford</u>			

JAN 2 1964

JAN 14 1964

APR 1 1964

RECEIVED DEC 1 1964

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STATEMENT BY LICENSED EMBALMER

B-59

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 *Thomas A. Shil*

Licensed Embalmer No. 4954

P. O. Address K.C. 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.