

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6703

FILED MAR 10 1953

BIRTH NO. _____		REG. DIST. NO. 171		PRIMARY REG. DIST. NO. 5639		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twns		c. LENGTH OF STAY (In this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twns		0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 6 Mile east of Odessa			
3. NAME OF DECEASED (Type or Print) Ida.		a. (First) b. (Middle) V. c. (Last) Siler		4. DATE OF DEATH (Month) (Day) (Year) March 2, 1953			
5. SEX Fe		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 13, 1864	
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME Will Smitherman		13b. MOTHER'S MAIDEN NAME Elizabeth Dilts		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frank Blevins Mayview, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Arteriosclerosis (General) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X				INTERVAL BETWEEN ONSET AND DEATH 3 days Indisputable	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 28, 1953, to Mar 2, 1953, that I last saw the deceased alive on Mar 2, 1953, and that death occurred at 2:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE E. F. Shanks, M.D.				23b. ADDRESS Odessa, Mo.		23c. DATE SIGNED Mar 3 1953	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Mar. 4, 1953		24c. NAME OF CEMETERY OR CREMATORY Marvin Chapel Cem.		24d. LOCATION (City, town, or county) (State) Lafayette Co., Mo.	
DATE REC'D BY LOCAL REG Mar. 3, 1953		REGISTRAR'S SIGNATURE Emma Davidson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Husman-Sparks Odessa, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*William T. Sparks*

Licensed Embalmer No. *# 4431*

P. O. Address *Odessa, 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 this body is not embalmed, fact should be so stated above.