

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE VITAL RECORDS  
STANDARD CERTIFICATE OF DEATH

35780

State File No. ....

Registration District No. 533

Primary Registration District No. 5714

Registrar's No. 67

1. PLACE OF DEATH: Macon  
 (a) County.....  
 (b) City or town Eagle Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Macon  
 (c) City or town Rural Eagle  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Andrew B Vansickle  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct day 28  
 year 1940 hour 11 minute 30 A M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct 13 1864  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1937, to Oct. 28, 1940  
 that I last saw him alive on Sept. 28, 1940  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
76 4 15 hr. min.

Immediate cause of death Coronary Occlusion (Suffoc)  
 Due to Coronary Sclerosis 1935

9. Birthplace Macon Pa Mo  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Retard farmer

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 94  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Henry Vansickle  
 13. Birthplace Indiana  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Snee  
 15. Birthplace Mo  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Fred Vansickle  
 (b) Address Macon Mo  
 17. (a) Funeral (b) Date thereof Oct 31 40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Friendship Ceme

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
476 (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Robert Skinner  
 (b) Address Macon Mo  
 19. (a) 11/9/40 (b) Debra Hunter  
 (Date received local registrar) (Registrar's signature)

23. Signature J F Turner (M. D. or other) 11/9/40  
 Address Macon Mo Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 10

District File Number 11-40-2120

Date Filed NOV 13 1940

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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.....

..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Benjamin H. Hile*  
Licensed Embalmer No. 4066

P. O. Address..... *Mason*

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.