

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5043

513

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1022 Registrar's No. \_\_\_\_\_

|   |                               |   |   |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |   |
| c. LENGTH OF STAY (In this place) <u>69 yrs.</u>  |                               | d. STREET ADDRESS (If rural, give location) <u>703 E. 5 St.</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>   |                               |   |   |
| 3. NAME OF DECEASED<br>a. (First) <u>John</u> b. (Middle) <u>H.</u> c. (Last) <u>Van Dyke</u>   |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 1 50</u>   |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>   | 8. DATE OF BIRTH <u>November 28, 1880</u>   |
| 9. AGE (In years last birthday) <u>69</u>   |                               | 10. KIND OF BUSINESS OR INDUSTRY <u>General Larorer</u>   | 11. BIRTHPLACE (State or foreign country) <u>Buckner, Missouri</u>                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Larorer</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mt. Wash. Cemetery</u>   | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>  |
| 13a. FATHER'S NAME <u>William I. VanDyke</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Narcissa Moore</u>   | 14. NAME OF HUSBAND OR WIFE <u>Rebecca Van Dyke</u>                                     |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>  |                               | 16. SOCIAL SECURITY NO. <u>496-10-2064</u>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rebecca VanDyke, Kansas City, Mo.</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                               |                               | MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bleeding peptic ulcer</u><br>ANTECEDENT CAUSES<br>DUE TO (b) _____<br>DUE TO (c) _____<br>2. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>5400</u> |   |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION  |   |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)  |                               | 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 <u>Jan. 16, 1950</u> , to <u>Feb. 1, 1950</u> , that I last saw the deceased alive on <u>Feb. 1, 1950</u> , and that death occurred at <u>1:30A m.</u> , from the causes and on the date stated above. |                               |   |   |
| 23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title)   |                               | 23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u>   | 23c. DATE SIGNED <u>2-1-50</u>  |
| 24a. BURIAL CREMATION (REMOVAL) <u>Burial</u>   | 24b. DATE <u>2-3-50</u>       | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>   | 24d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u>             |
| DATE REC'D BY LOCAL REG. <u>2-3-50</u>  |                               | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Carson Funeral Home, Indep. Mo.</u> |

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

*Dr. Linneman*

**OCT 9 1958**

**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 .....  
Student Embalmer

Signed *R. A. Lisle* \_\_\_\_\_

Licensed Embalmer No. *4123* \_\_\_\_\_

P. O. Address *Independence, 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.