S. No. 300
v. 10.48

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15702

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6258 Registrar's No. 10

110
1

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

1. PLACE OF DEATH
a. COUNTY: WAYNE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PIEDMONT Rt 1.
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Francois Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Piedmont Rt 1. 1110
d. STREET ADDRESS (If rural, give location): St Francois Twp

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) TURNER c. (Last) VANDYKE

4. DATE OF DEATH (Month) (Day) (Year): April 18 1950

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M 1
8. DATE OF BIRTH: Dec. 30 1872
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 5 Days 18 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (State or foreign country): Reynolds Co Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: CHARLES VANDYKE
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: NODIE VANDYKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: J T Vandyke — ADDRESS: Poplar Bluff 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Severance of head

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Instantaneous; 89170; 19

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Piedmont Rt 1. Wayne Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 17 1950 4 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: shotgun

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey E. Burles 3 Coroner
23b. ADDRESS: Piedmont
23c. DATE SIGNED: 4/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial C
24b. DATE: April 18. 1950
24c. NAME OF CEMETERY OR CREMATORY: Grissom
24d. LOCATION (City, town, or county) (State): Carter Co. Mo.

DATE REC'D BY LOCAL REG.: April 20-50
REGISTRAR'S SIGNATURE: Mabel Beasley 341
25. FUNERAL DIRECTOR'S SIGNATURE: Chris S. Marshall — ADDRESS: Greenville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 2[illegible] 1950

DISTRICT HEALTH OFFICE No. 4

File No. _____

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~~ _____ Me _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Iris S. Marshall

Licensed Embalmer No. 4601

P. O. Address Greenville 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.