

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11844

FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6276 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union 6276</u>		c. LENGTH OF STAY (in this place) <u>13 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Union 1130</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Johnathan</u>			b. (Middle)			c. (Last) <u>Vanskyock</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1952</u>								
5. SEX <u>Male 0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-5-1884</u>		
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm owner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Washington Vanskyock</u>			13b. MOTHER'S MAIDEN NAME <u>Susianna White</u>			14. NAME OF HUSBAND OR WIFE <u>Georgianna Vanskyock</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Georgianna Vanskyock, Sheridan, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary Occlusions</u>		ANTECEDENT CAUSES <u>Bronchial Asthma</u>					<u>20 years</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____						
		DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>24 IX</u>					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 <u>1947</u> , to <u>April 6, 1952</u> , that I last saw the deceased alive on <u>April 5, 1952</u> , and that death occurred at <u>4:30 A. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Frank B. Morrison M.D.</u>				23b. ADDRESS <u>Grant City Mo</u>		23c. DATE SIGNED <u>4-7-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-9-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Atheaten Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Atheaten, Iowa</u>		
DATE REC'D BY LOCAL REG. <u>April 8, 1952</u>		REGISTRAR'S SIGNATURE <u>Leta E. Dawson 345-</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arch C. Dungee Grant City Mo</u>				

(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 _____

Billy A. Dunfee

Student Embalmer No. *445*

working under my personal supervision.

Student

Billy A. Dunfee
Student Embalmer

Signed

Arch C. Dunfee

Licensed Embalmer No. *3252*

P. O. Address *Front City, Ma*

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.