

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42113**
Registrar's No. **68**

50153
FILED JAN 5 1953
BIRTH NO.

REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218**

1420

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	
c. LENGTH OF STAY (in this place)		0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION 303 E. Benton		d. STREET ADDRESS (If rural, give location) 303 E. Benton	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) SUE		Dec. 25, 1952	
b. (Middle) ANN			
c. (Last) VAN SLYKE			
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept. 3, 1952
9. AGE (In years last birthday)		IF UNDER 1 YEAR Days 3 IF UNDER 12 HRS. Min. 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Windsor, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Beverly Van Slyke		13b. MOTHER'S MAIDEN NAME Virginia Renfro	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Beverly Van Slyke		ADDRESS Windsor, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spina Bifida		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*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) Congenital	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		751X	
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 Oct 10, 1952 , to Dec 24, 1952 , that I last saw the deceased alive on Dec 24, 1952 , and that death occurred at 12:01 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE A. M. Smith, M.D.		23b. ADDRESS Windsor, Mo.	
23c. DATE SIGNED 12/26/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-52	
24c. NAME OF CEMETERY OR CREMATORY Laurel Oak		24d. LOCATION (City, town, or county) (State) Windsor, Missouri	
DATE REC'D BY LOCAL REG. Dec. 26-52		REGISTRAR'S SIGNATURE Florence Adams	
25. FUNERAL DIRECTOR'S SIGNATURE Huston-Turner		ADDRESS Windsor, Mo.	

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Thunder, Md.

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.