

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1953

BIRTH NO. _____		REG. DIST. NO. <u>6</u>	PRIMARY REG. DIST. NO. <u>3001</u>	Registrar's No. <u>6</u>
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u> <u>0041</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>108 West Page</u>		d. STREET ADDRESS (If rural, give location) <u>108 West Page</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Victor</u> b. (Middle) <u>Fairchild</u> c. (Last) <u>Van Duzer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 7, 1953</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>May 25, 1870</u>	9. AGE (In years) (last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock & Grain</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Vanderten, New York</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Thomas Van Duzer</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Jane Bloodgood</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Van Duzer</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. Frances Lamme, Vandalia, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>misdiagnosis to have</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe secondary anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>1 mo</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>177X</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) _____		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 10, 1953</u> to <u>March 7, 1953</u> that I last saw the deceased alive on <u>March 7, 1953</u> and that death occurred at <u>7:10 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Ernest Kenne M.D.</u> (Degree or title)		23b. ADDRESS <u>Vandalia Mo</u>		23c. DATE SIGNED <u>3/8/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 9, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>
DATE REC'D BY LOCAL REG. <u>March 9 1953</u>		REGISTRAR'S SIGNATURE <u>Walter Eugene Williams</u>		FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>William B. Waters Vandalia, Missouri</u>

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William B. Haters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.