

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9547

State File No.

FILED MAR 17 1953

BIRTH NO.		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>452</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilman City</u>		<u>0410</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Susie Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude</u>			b. (Middle) <u>Mae</u>			c. (Last) <u>Van Dyke</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>2 25 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>Dec 27, 1888</u>		9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>1</u> DAYS <u>28</u>		11. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy Co., Mo.</u>			
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>John D. Dowell</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Brown</u>			
14. NAME OF HUSBAND OR WIFE <u>Chas. H. 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</u>		16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marie VanDyke Gilman City, Missouri</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 of Breast</u> 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 <u>One yr.</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1708 X</u>					
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 3, 1952</u> to <u>Feb 24, 1953</u> , that I last saw the deceased alive on <u>Feb 24, 1953</u> , and that death occurred at <u>7:40 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>B.H. Cullers MD</u>				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>2-26-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-27, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mitchell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Helbourne Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-27-53</u>		REGISTRAR'S SIGNATURE <u>Jean Jai</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shore E. Williams Helbourne City, Mo.</u>					

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

040 2
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Cullers.

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1956

MAR 20 1953

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 Rayb E. Williams

Licensed Embalmer No. 4883

P. O. Address Idaho City

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.