

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32052

State File No.

FILED SEP 24 1953

4337

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>)		c. LENGTH OF STAY (in this place) <u>13</u> years	c. CITY OR TOWN <u>515 West 11th St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>W.</u> c. (Last) <u>Van Dyke</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 . 2 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 11, 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hall Mark Card Co.</u>	9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
11a. FATHER'S NAME <u>John Van Dyke</u>		11b. MOTHER'S MAIDEN NAME <u>Minta Bell</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Spruce, Missouri</u>
13a. FATHER'S NAME <u>John Van Dyke</u>		13b. MOTHER'S MAIDEN NAME <u>Minta Bell</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Van Dyke</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service) <u>xxxxxx</u>		16. SOCIAL SECURITY NO. <u>493-14-3452</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Anna Van Dyke</u>		ADDRESS <u>515 West 11th St., K.C.Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>1 yr</u> <u>5 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Colon</u>		
	DUE TO (c) <u>Sensitivity</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>June 1952</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOBIO? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	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) (Minute) <u>NO</u>	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 June 1952 to Sept 2, 1953 and that death occurred at 6 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. B. Casbolt (Degree or title) MD 23b. ADDRESS 4000 Bathurst Rd. K.C.Mo. 23c. DATE SIGNED 9/2/53

24a. BURIAL CREMATION REMOVAL (Specify) Burial 24b. DATE Sept. 4, 1953 24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery 24d. LOCATION (City, town, or county) (State) Rich Hill, Missouri

DATE REC'D BY LOCAL REG. 9-3-53 REGISTRAR'S SIGNATURE Staldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE BENTLEY MORTUARY ADDRESS 5811 Troost - K/C.Mo.

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

M. B. Casebolt, M.D.
4000 Baltimore

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.....
Signature of Student Embalmer

Signed..... *John R. Sidmo*

Licensed Embalmer No. *453*

P. O. Address *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.