

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>8</u>			
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where <u>deceased</u> lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>					
b. CITY OR TOWN <u>Mt Vernon</u>		c. LENGTH OF STAY (in this place) <u>14 yrs</u>		c. CITY OR TOWN <u>Mt Vernon</u>		d. STREET ADDRESS (If rural, give location) <u>0550</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home</u>				d. STREET ADDRESS <u>X</u>					
3. NAME OF DECEASED a. (First) <u>Winifred</u>			b. (Middle) <u>E</u>		c. (Last) <u>Van Buskirk</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 7 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 17 1880</u>		9. AGE (in years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegraph Operator R.R.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>New Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Not known</u>			13b. MOTHER'S MAIDEN NAME <u>Not known</u>			14. NAME OF HUSBAND OR WIFE <u>Clara May</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wife Clara M Van Buskirk</u>				ADDRESS _____	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis - general weakness</u>						INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES DUE TO (b) <u>Dizzy and unsteady for 2 days</u>							
		DUE TO (c) <u>went to toilet fainted and fell hit</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>fall of husband died instantly</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E9030 V 30</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) <u>55</u> (STATE) _____			
21d. TIME OF INJURY <u>Sept 7 1953 6P</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 <u>Sept 10 1953</u> and <u>9 data</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Stanley Howard DO</u>				23b. ADDRESS <u>Mt Vernon Mo</u>		23c. DATE SIGNED <u>Sept 9 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 10/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Vernon</u>		24d. LOCATION (City, town, or county) <u>1007 Near Mt Vernon Mo</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>9-10-53</u>		REGISTRAR'S SIGNATURE <u>Paul Henderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George B Orr</u>		ADDRESS <u>Mt Vernon</u>			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*George D. Ours*

Licensed Embalmer No. \_\_\_\_\_

*946*

P. O. Address \_\_\_\_\_

*McKernon*

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.