No. 300
10.48

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

FILED SEP 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32695

BIRTH NO. 63056-53 REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 57

8660

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unionville
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Monroe Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Grant Twp
d. STREET ADDRESS (If rural, give location): Coatsville, Mo. 0560

3. NAME OF DECEASED (Type or Print): a. (First) Richard b. (Middle) Dale c. (Last) VAN DYKE

4. DATE OF DEATH: (Month) AUG (Day) 28 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: Aug 26, 1923

9. AGE (In years last birthday): If under 1 year: Months — Days 2; If under 1 hr.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and State or Foreign Country): Unionville, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James Richard VanDyke

13b. MOTHER'S MAIDEN NAME: Bernice Crawford

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): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: James R VanDyke Coatsville, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature infant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial Asthenia
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: —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: 7544

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I, hereby certify that I attended the deceased from* Aug 24, 1953 *to* Aug 28, 1953, *that I last saw the deceased alive on* Aug 28, 1953, *and that death occurred at* 6:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L.W. McDonald DO

23b. ADDRESS: Unionville, Mo.

23c. DATE SIGNED: —

24a. BURIAL, CREMATION, REMOVAL (Specify): B.

24b. DATE: Aug 29, 53

24c. NAME OF CEMETERY OR CREMATORY: Concord Cem.

24d. LOCATION (City, town, or county) (State): Putnam Co Mo.

DATE REC'D BY LOCAL REG.: 9-18-53

REGISTRAR'S SIGNATURE: Marvell Dunbar

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H. Hustead Unionville Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Murl E Hunter

Licensed Embalmer No. 3204

P. O. Address Knoxville Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

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