

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11252

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau County</u>		2. USUAL RESIDENCE (Where deceased lived before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette, Mo.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau Mo.</u>		c. CITY OR TOWN <u>Lafayette</u>	
c. LENGTH OF STAY (In this place) <u>5 yr</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bloomfield Road</u>		STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Wesley</u> c. (Last) <u>VanGilder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Aug 5 1874</u>	9. AGE (In years last birthday) <u>80</u>	10. IF UNDER 1 YEAR Months <u>9</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lafayette Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>James F VanGilder</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Newkirk</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Verlin Sitze</u>	ADDRESS <u>Cape Gir. Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Dehydration</u>		
	DUE TO (c) <u>Tuberculosis, pulmonary</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			<u>5 year+</u>

19a. DATE OF OPERATION	19b. <del>REASON FOR</del> REASON FOR OPERATION <u>2. Arteriosclerosis 002 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb 10, 1955, to May 8, 1955, that I last saw the deceased alive on May 6, 1955, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Reese</u>	(Degree or title)	23b. ADDRESS <u>Small Cape Girardeau Mo</u>	23c. DATE SIGNED <u>May 9, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 9 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barks Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Crump Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-10-55</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Ester</u>	ADDRESS <u>Cape Gir Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

9 1955 MIF

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 *W. H. Estes*.....

Licensed Embalmer No. *356*

P. O. Address *Cape Girardeau*

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.