

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8469

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Plays</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Plays</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>Liberty</u>		c. CITY OR TOWN <u>Liberty</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>1 wife</u>		e. STREET ADDRESS (If rural, give location) <u>124 N. Brightburn</u>		600/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>124 N. Brightburn</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>DUDDEY</u>			b. (Middle)			c. (Last) <u>VAN DYKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 5 - 56</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>Dec - 31 - 1881</u>			9. AGE (In years last birthday) <u>74</u>	if UNDER 1 YEAR Months	if UNDER 12 HRS. Hours	Min.
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>Farm</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Plays Co. Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Newton H. Van Dyke</u>			13b. MOTHER'S MAIDEN NAME <u>Almeta Van Dyke</u>			14. NAME OF HUSBAND OR WIFE <u>Almeta 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>No</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Almeta Van Dyke</u>			ADDRESS <u>Liberty Mo.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*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) <u>Basillary Meningitis</u>						Sudden	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Basillary Sclerosis</u>						Indef.	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

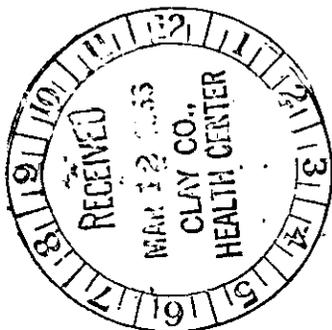
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4209	
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 1942, to March 5, 1956, that I last saw the deceased alive on March 4, 1956, and that death occurred at 3:30 pm. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gleim W. Anderson M.D.</u>		23b. ADDRESS <u>Liberty, Mo.</u>		23c. DATE SIGNED <u>Mar. - 7 - 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 7 - 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Farmers</u>	
		24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>			

DATE REC'D BY LOCAL REG. <u>March 8, 1956</u>		REGISTRAR'S SIGNATURE <u>Mabel Graham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Francis Aron Co.</u>		ADDRESS <u>Liberty Mo.</u>	
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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.....  
Signature of Student Embalmer

Signed.....  
*John Lumber of*

Licensed Embalmer No. 44

P. O. Address.....  
*Cherry*

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.