

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028473

STATE FILE NUMBER

440

FILED SEP 9 1958 Registration District No. 53 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Cape Girardeau</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>215 S Spanish</b>		d. STREET ADDRESS (If outside, give location) <b>215 S Spanish</b>	

3. NAME OF DECEASED (Type or print) First <b>Wilburne</b> Middle <b>Henderson</b> Last <b>Van Sant</b>			4. DATE OF DEATH Month <b>Aug</b> Day <b>19</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 23 1897</b>	9. AGE (In years) (If UNDER 1 YEAR, If UNDER 24 HRS. (at birthday) Months Days Hours Min.) <b>60 9 26</b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gen. Agent, Guarante</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Life Ins. Co.</b>	11. BIRTHPLACE (City and state or country) <b>Campton Ky</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Jonas F Van Sant</b>	13b. MOTHER'S MAIDEN NAME <b>Anna E Henry</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>Don't Know</b>	17. INFORMANT Address <b>Mr. Earl S Van Sant, Belleville Ill</b>
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18. CAUSE OF DEATH (Only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 YRS -</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cardiac Decompensation</b>	
	DUE TO (c) <b>Arteriosclerosis</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4500</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>---</b>
20c. TIME OF INJURY Hour <b>---</b> Month, Day, Year a.m. <b>---</b> p.m. <b>---</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Cape Girardeau</b>	COUNTY <b>Mo</b>	STATE <b>Mo</b>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **5:00 A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>O. L. Skender (Coroner)</b>	22b. ADDRESS <b>Cape Girardeau, Mo</b>	22c. DATE SIGNED <b>8/21/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-21, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Oklahoma City Okla</b>
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24. FUNERAL DIRECTOR <b>Brinkopf Howell, Cape Gir Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Sept 5, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mr. Homer Cooper</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 10 1938

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. Ester* .....

Licensed Embalmer No. *3568* .....  
P. O. Address *Dupe Hill* .....

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.