

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047343
State File No.

FILED MAY 28 1959

REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5833 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>45 yrs</u>	c. CITY OR TOWN <u>0730</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home Rt#2, Granby Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>Route#2, Granby Missouri</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claudia</u>		b. (Middle) <u>Almeda</u>	
		c. (Last) <u>Vanslyke</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov.-21-1888</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Stella, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert L Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Lee Hardy</u>	
14. NAME OF HUSBAND OR WIFE <u>G.A. Vanslyke</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>G.A. Vanslyke, Rt#2, Granby Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Squamous Cell Carcinoma Face with metastasis</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 mo</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1913</u>			
19a. DATE OF OPERATION <u>Jan 1958</u>		19b. MAJOR FINDINGS OF OPERATION <u>Squamous cell Ca, left Temporal area</u>	
20. AUTOPSY? <u>2</u> 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)			
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 <u>Jan 1958</u> , to <u>Sept 23, 1958</u> , that I last saw the deceased alive on <u>Sept 22, 1958</u> , and that death occurred at <u>7 AM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Harold C. Leitch, M.D.</u>		23b. ADDRESS <u>St. Louis Mo</u>	
23c. DATE SIGNED <u>9-26-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-24-1958</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stella Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-26-58</u>		REGISTRAR'S SIGNATURE <u>Mildred Moberly</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Morris Eugene Wheeler, Mo.</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed..... MAY 26 1959.....

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 *James Kenneth Duncan*

Licensed Embalmer No. *476*

P. O. Address *Wheaton*

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.