

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-004441

FILED VS. FEB. 1 1960 317

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 222

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland		Length of stay in lb 31 years		c. CITY OR TOWN Overland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9616 Midland Ave.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 9616 Midland Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Harold Middle Dennis Last VanBuskirk				4. DATE OF DEATH Month January Day 21 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-18-81		9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman			10b. KIND OF BUSINESS OR INDUSTRY Metropolitan Sewer			11. BIRTHPLACE (City and state or country) Algona, Iowa			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Frank VanBuskirk				13b. MOTHER'S MAIDEN NAME Frances Mitchell				14. NAME OF HUSBAND OR WIFE Anna VanBuskirk					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 499-01-6712		17. INFORMANT Address Anna VanBuskirk, 9616 Midland Ave.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO (b) Increased Intra Cerebral Pressure DUE TO (c) Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General debility tendency toward.								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.)									
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY		STATE			
21. I attended the deceased from Jan 3 1958 to Jan 10 1960 and last saw her/him alive on Jan 20 1960 Death occurred at Jan 21 1960 12:15 8 m on the date stated above, and to the best of my knowledge, from the causes stated.													
21. SIGNATURE E. H. Langhorne (Degree or title)				22b. ADDRESS 3202 Ashby St Ann				22c. DATE SIGNED 1/22/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-23-1960		23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery St. Ann, Missouri				23d. LOCATION (City, town, or county) (State)					
24. FUNERAL DIRECTOR Baumann Bros. Inc. Overland, Mo.		25. DATE RECD. BY LOCAL REG. 1-22-60		26. REGISTRAR'S SIGNATURE J. M. [Signature]									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Y...

Licensed Embalmer No. 346

P. O. Address Overton

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.