

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-026057
STATE FILE NUMBER

FILED VS AUG 1 1960

Registration District No. 43 Primary Registration District No. 9007 Registrar's No. 418

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CARTER</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>POPLAR BLUFF</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ELLSINORE 01802</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>POPLAR BLUFF HOSPITAL</u>		Length of stay in 1b <u>24 HRS</u>	d. STREET ADDRESS (If outside, give location) <u>ELLSINORE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>GLYN</u> Middle <u>ELVIN</u> Last <u>VAN DYKE</u>			4. DATE OF DEATH Month <u>July</u> Day <u>11</u> Year <u>1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 26 1916</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>15</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MERCANTILE</u>		11. BIRTHPLACE (City and state or country) <u>CARTER COUNTY, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HENRY VAN DYKE</u>		13b. MOTHER'S MAIDEN NAME <u>ALPHA DORRIS</u>	
14. NAME OF HUSBAND OR WIFE <u>GLADYS 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>489-28-9147</u>	
17. INFORMANT <u>GLADYS VAN DYKE</u>		Address <u>ELLSINORE, MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Atherosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cholelithiasis Cholecystitis - Cholecystectomy</u>					INTERVAL BETWEEN ONSET AND DEATH <u>few min.</u>
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 <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>		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 <u>4201</u>		COUNTY STATE	
21. I attended the deceased from <u>10 July 1960</u> to <u>11 July 1960</u> and last saw ^{her} him alive on <u>11 July 1960</u> Death occurred at <u>3:30 P</u> m on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <u>G. W. Brooker MD</u> (Degree or title)			22b. ADDRESS <u>322 Oak Poplar Bluff Mo</u>		22c. DATE SIGNED <u>18 July 60</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-13-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GRESHAM</u>		23d. LOCATION (City, town, or county) (State) <u>CARTER County Mo.</u>	
24. FUNERAL DIRECTOR <u>MCSpadden</u>		25. DATE RECD. BY LOCAL REG. <u>7/18/60</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

AUG 1 1960

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 Daniel B. Sloan, Student Embalmer No. 606 working under my personal supervision.

Student Daniel B. Sloan
Signature of Student Embalmer

Signed Allen C. McGeehan

Licensed Embalmer No. 4593

P. O. Address Van Buren, Mo.

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.