RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

NOV 9 1960

-60-039341
STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 65

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sherman Twp.
Length of stay in 1b Life Time
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Powersville R.F.D.
Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Putnam
c. CITY OR TOWN Rural Powersville R.F.D.
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: Ira C Middle: Lafe Last: Van Dyne
4. DATE OF DEATH Month: October Day: 24 Year: 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-15-183
9. AGE (last birthday) 77
IF UNDER 1 YEAR Months 2 Days 19 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and state or country) Ill., U.S.A.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Issac Van Dyne
13b. MOTHER'S MAIDEN NAME Eliza Carter
14. NAME OF HUSBAND OR WIFE Mima Van Dyne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-42-5038
17. INFORMANT Fred Van Dyne Address Lucerne, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive heart failure	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic degenerative	1 years
DUE TO (c)	Nephrosclerosis & nephritis	1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 2-58 to Oct 24-60 and last saw ~~her~~ him alive on Oct 24-60
Death occurred at 2P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas L Judd Degree or title DO
22b. ADDRESS Unionville, Mo.
22c. DATE SIGNED 10-25-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Oct. 26 1960
23c. NAME OF CEMETERY OR CREMATORY Southlawn Cemetery
23d. LOCATION (City, town, or county) (State) Seymour, Iowa

24. FUNERAL DIRECTOR Comstock Funeral Home ADDRESS Unionville, Mo.
By J. W. Comstock
25. DATE RECD. BY LOCAL REG. 11-1-60
26. REGISTRAR'S SIGNATURE Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed James W. Comstock

Signature of Student Embalmer

Licensed Embalmer No. 4197

P. O. Address Unionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.