

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002497

FILED VS JAN 3 0 1961

Registration District No. 274 Primary Registration District No. 2057 Registrar's No. 21

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sedalia</u>		Length of stay in 1b <u>85</u>	c. CITY OR TOWN <u>Sedalia</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1108 West Broadway</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1108 West Broadway</u>
3. NAME OF DECEASED (Type or print) First <u>Vivia</u> Middle <u>D.</u> Last <u>Van Dyne</u>		4. DATE OF DEATH Month <u>January</u> Day <u>24</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/27/1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President of Adco Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chemical Industry</u>	11. BIRTHPLACE (City and state or country) <u>Brenham, Texas</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13. FATHER'S NAME <u>Charles McCreary</u>	
13b. MOTHER'S MAIDEN NAME <u>Daniel Vitula</u>		14. NAME OF HUSBAND OR WIFE <u>John R. Van Dyne</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>Charles Van Dyne</u>	
17. INFORMANT <u>Sedalia, Mo</u>		Address	
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>Pulmonary Edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>26 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Severe Congestive Heart failure</u>			<u>1 year</u>
DUE TO (c) <u>Arteriosclerotic Heart disease</u>			<u>10 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 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 a.m. 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 <u>Nov. 9, 1959</u> to <u>Jan. 24, 1961</u> her last saw him alive on <u>Jan 24, 1961</u> Death occurred at <u>9:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Albert J. Campbell MD.</u> (Degree or title)		22b. ADDRESS <u>312 1/2 So Ohio Sedalia, Mo</u>	
22c. DATE SIGNED <u>1-25-61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1/26/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	23d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>
24. FUNERAL DIRECTOR <u>M<sup>s</sup> Laughlin Funeral Chapel, Sedalia</u>		25. DATE RECD. BY LOCAL REG. <u>1-26-1961</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>

FEB 28 1961

**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 Jerry J. Cantlon, Student Embalmer No. 615  
working under my personal supervision.

Student Jerry J. Cantlon  
Signature of Student Embalmer

Signed K.P.M. Lrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.