SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022012
STATE FILE NUMBER

AMENDED

Registration District No. 243 Primary Registration District No. 5831 Registrar's No. 41

FILED JUL 6 1961

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Franklin — Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home Stella, Mo. R — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Newton
c. CITY OR TOWN: Rural — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Stella, Mo. Rural — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: John Middle: Andy Last: VanSlyke
4. DATE OF DEATH: Month: June Day: 23 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-29-1879
9. AGE (last birthday): 81 — IF UNDER 1 YEAR: Months 8 Days 25 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Stella, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John H. VanSlyke
13b. MOTHER'S MAIDEN NAME: Permelia Rickner
14. NAME OF HUSBAND OR WIFE: Edna VanSlyke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Edna VanSlyke Address: Stella, Mo.

MEDICAL CERTIFICATION

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 — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cardiac Decompensation.
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 6-21-61, to 6-23-61 and last saw him alive on 6-21-61
Death occurred at 5:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. Blanbenship (Degree or title) M.D.
22b. ADDRESS: Neosho Mo.
22c. DATE SIGNED: 6-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-26-61
23c. NAME OF CEMETERY OR CREMATORY: Macedonia Cem.
23d. LOCATION (City, town, or county) (State): Stella, Mo.

24. FUNERAL DIRECTOR: W. Morris Pogue ADDRESS: Wheaton Mo
25. DATE RECD. BY LOCAL REG.: 7-1-61
26. REGISTRAR'S SIGNATURE: Mildred Moberly

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wm Morris Bogue

Signature of Student Embalmer

Licensed Embalmer No. 3442

P. O. Address Wheaton, Ill.

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.