SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042066
STATE FILE NUMBER

AMENDED

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 79

FILED DEC 4 1961

1. PLACE OF DEATH
a. COUNTY Ripley.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan. Route 2 — Length of stay in 1b 4 years.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3 Mi. N. E. of Doniphan. — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY Ripley.
c. CITY OR TOWN Doniphan. Route 2 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3 Mi. N. E. of Doniphan. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Jesse Middle Van Last Dyke.
4. DATE OF DEATH Month October Day 29, Year 1961.
5. SEX Male.
6. COLOR OR RACE White.
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH June 7, 1892
9. AGE (last birthday) 69. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner.
10b. KIND OF BUSINESS OR INDUSTRY Mining.
11. BIRTHPLACE (City and state or country) West Virginia
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unknown.
13b. MOTHER'S MAIDEN NAME Unknown.
14. NAME OF HUSBAND OR WIFE Divorced.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
17. INFORMANT Rosie Allen. Address 506 Spring St. Doniphan, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — Years
DUE TO (c)
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. ☐ 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 8-7-61, to 10-29-61 and last saw him alive on 10-23-61
Death occurred at 1 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Smith (Degree or title) D.O.
22b. ADDRESS Naylor, Mo.
22c. DATE SIGNED 11-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial.
23b. DATE Oct. 30, 1961.
23c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery.
23d. LOCATION (City, town, or county) (State) Ripley County, Missouri.

24. FUNERAL DIRECTOR Ray Means. ADDRESS Doniphan, Mo.
25. DATE RECD. BY LOCAL REG. 11-27-61
26. REGISTRAR'S SIGNATURE Flava Broz.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

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 Ray Means.
Signature of Student Embalmer

Licensed Embalmer No. 3743.

P. O. Address Doniphan, M

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.