

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017879

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 161

1. **FILED MAY 29 1962**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. COUNTY **Adair** a. STATE **MO** b. COUNTY **Macon**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kirksville** Length of stay in lb **4 hrs.** c. CITY OR TOWN **LaPlata** Inside Limits Yes No

c. FULL NAME OF HOSPITAL OR INSTITUTION **Grim-Smith Hospital** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) **Route # 2** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year

Donovan Lea Vanskike **May 17, 1962**

5. SEX **Male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12-16-42** 9. AGE (last birthday) **19** 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) **Farming** 10b. KIND OF BUSINESS OR INDUSTRY **Farm** 11. BIRTHPLACE (City and state or country) **Macon County Mo** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **William Harry Vanskike** 13b. MOTHER'S MAIDEN NAME **Leta Lea Vanskike** 14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. 17. INFORMANT **Harry Vanskike, R. 2 LaPlata, Mo** 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) **Diabetic acidosis and diabetic coma** INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Diabetes Mellitus**

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 **5-17-62 8:10 am 5-17-62** and last saw ^{him} alive on **5-17-62** Death occurred at **12:23 pm** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J. J. Thieton, M.D.** 22b. ADDRESS **Kirksville, Missouri** 22c. DATE SIGNED **5-19-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **5-19-62** 23c. NAME OF CEMETERY OR CREMATORY **LaPlata Cemetery** 23d. LOCATION (City, town, or county) (State) **LaPlata, Mo**

24. FUNERAL DIRECTOR **Ralph E. Pollock, LaPlata, Mo** ADDRESS 25. DATE RECD. BY LOCAL REG. **May 22, 1962** 26. REGISTRAR'S SIGNATURE **Beris W. Ratliff**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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USE BLACK INK OR TYPEWRITER RIBBON

MAY 29 1962

P. E. HILTON, M.D.

Permit issued May 17, 1962

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 _____
Signature of Student Embalmer

Signed W. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford Ave

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.