

FILED SEP 17 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30645

State File No. _____

Registration District No. 279

Primary Registration District No. 4415

Registrar's No. 26

1. PLACE OF DEATH: Pike
 (a) County Clarksville
 (b) City or town Clarksville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Pike
 (c) City or town Clarksville
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME John Reuben Van Dyke
 8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 15
 year 1948 hour 7 minute _____ A. M.

4. Sex Male 2. Color Black 6. (a) Single, widowed, married, divorced 2 Widowed
 6. (b) Name of husband or wife Mayme Van Dyke 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 14 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1st 1948, to Sept 15th 1948;
 that I last saw him alive on Sept 15th 1948 and that death occurred on the date and hour stated above.
 Immediate cause of death Myocardial Infarction

8. AGE: Years 58 Months 1 Days 18 If less than one day _____ hr. _____ min.
 9. Birthplace Painesville Mo
(City or town, or county) (State or foreign country)
 10. Usual occupation Laborer

Due to breast cancer
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations ASB
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Madison Van Dyke
 13. Birthplace Painesville Mo
(City or town, or county) (State or foreign country)
 14. Maiden name Patte Ste
 15. Birthplace Painesville Mo
(City or town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Lordena Kidd
 (b) Address Clarksville
 17. (a) Burial (b) Date thereof Sept 4-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood
 18. (a) Signature of funeral director Harry Carroll
 (b) Address Clarksville
 19. (a) 9/15/48 (b) Edna Richard
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place) (e) Means of injury 0
 23. Signature C. L. Baushead (M. D. or other)
 Address Clarksville Date signed Sept 15 48

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

32
00

RECEIVED

District Health Officer No. 10

District File Number 9-48-16

Date Filed SEP 16 1949

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 Sept 1-48

Loren B. Luckett

, Registered Apprentice No. 218

working under my personal supervision.

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elberry 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 this body is not embalmed, above space should be left blank.