

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31129**

FILED OCT 3 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5992 Registrar's No. 513

1. PLACE OF DEATH  
 a. COUNTY PUTNAM  
 b. CITY (If outside corporate limits, write RURAL and give town) "RURAL" LINCOLN TOWNSHIP  
 c. LENGTH OF STAY (in this place) LIFE TIME  
 d. FULL NAME OF HOSPITAL OR INSTITUTION LLLLL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE MISSOURI b. COUNTY PUTNAM  
 c. CITY (If outside corporate limits, write RURAL and give township) "RURAL" LINCOLN TOWNSHIP  
 d. STREET ADDRESS (If rural, give location) UNIONVILLE, MISSOURI

3. NAME OF DECEASED  
 a. (First) JAMES b. (Middle) ELTON c. (Last) VAN DYKE  
 4. DATE OF DEATH SEPTEMBER 23, 1951

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  
 8. DATE OF BIRTH FEBRUARY 13, 1882 9. AGE (In years last birthday) 69 Months 7 Days 10 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM TENANT  
 10b. KIND OF BUSINESS OR INDUSTRY FARM  
 11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY MISSOURI  
 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME JOHN W. VAN DYKE 13b. MOTHER'S MAIDEN NAME SARAH E. MITCHEL 14. NAME OF HUSBAND OR WIFE ROXIE VAN DYKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO  
 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME Roxie Van Dyke, Mo. ADDRESS Unionville, Mo.

18. CAUSE OF DEATH  
 Enter only one cause per line for (a), (b), and (c)  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of throat  
 ANTECEDENT CAUSES \_\_\_\_\_ DUE TO (b) \_\_\_\_\_  
 \*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
 INTERVAL BETWEEN ONSET AND DEATH 2 years

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 148X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Sept 23, 1951, to Sept 23, 1951; that I last saw the deceased alive on Sept 23, 1951, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE John D. Comstock (Degree or title) \_\_\_\_\_ 23b. ADDRESS \_\_\_\_\_ 23c. DATE SIGNED 9/24/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 9/26/51 24c. NAME OF CEMETERY OR CREMATORY UNIONVILLE CEMETERY 24d. LOCATION (City, town, or county) (State) UNIONVILLE, MISSOURI

DATE REC'D BY LOCAL REG. 9-29-51 REGISTRAR'S SIGNATURE Marvell D. Durbin 25. FUNERAL DIRECTOR'S SIGNATURE John D. Comstock ADDRESS COMSTOCK FUNERAL HOME UNIONVILLE, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

860

0860

Date Received: OCT 1 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 10-51-1722  
Date Filed: OCT 2 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed John N. Comstock

Signed.....  
Student Embalmer

Licensed Embalmer No. 3891

P. O. Address Unionville, 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, fact should be so stated above.