

STANDARD CERTIFICATE OF DEATH

18979

State File No.

FILED JUN 9 1953

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5992</u>		Registrar's No. <u>35</u>			
1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>PUTNAM</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" LINCOLN TOWNSHIP</u>			c. LENGTH OF STAY (In this place) <u>80 YRS.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" TOWNSHIP, LINCOLN</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u> </u>				d. STREET ADDRESS (If rural, give location) <u>UNIONVILLE, MO. R. F. D.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>			b. (Middle) <u>ELIZABETH</u>			c. (Last) <u>VAN DYKE</u>			
5. SEX <u>FEMALE</u>			6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 8, 1953</u>		
9. AGE (In years last birthday) <u>96</u>			8. DATE OF BIRTH <u>SEPTEMBER 13, 1856</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>APPANOOSE COUNTY, IOWA</u>		
10a. USUAL OCCUPATION (If not in hospital or institution, give street address or location) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>JOHN MITCHELL</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH ELIZABETH WEIR</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN W. VAN DYKE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ELSIE KNIGHT UNIONVILLE, MO. R. F. D.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <u>Senile debility</u>						INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>April 2, 1931</u> , to <u>May 8, 1953</u> , that I last saw the deceased alive on <u>May 8, 1953</u> , and that death occurred at <u>7:45 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Type or Print) <u>Chas L. Guld</u>				23b. ADDRESS <u>Unionville Mo</u>		23c. DATE SIGNED <u>5/9/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 10, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MENDOTA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PUTNAM COUNTY, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>6-5-53</u>		REGISTRAR'S SIGNATURE <u>Marcell Dubois</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>John Comstock</u>		ADDRESS <u>UNIONVILLE, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Student Embalmer

Signed *John N. Comstock*
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.