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FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29706

State File No.

BIRTH NO. REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 370

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): M.F.A.Exchange

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
d. STREET ADDRESS (If rural, give location): 1516-E-Normal

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3. NAME OF DECEASED (Type or Print)
a. (First): WILLIS
b. (Middle): ADRIAN
c. (Last): VANSICKEL

4. DATE OF DEATH (Month) (Day) (Year): Oct. 7, 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-11-1892
9. AGE (In years last birthday): 62 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Feed room foreman
10b. KIND OF BUSINESS OR INDUSTRY: M.F.A.Exchange
11. BIRTHPLACE (State or foreign country): Adair County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Vansickel
13b. MOTHER'S MAIDEN NAME: Mary Brownell
14. NAME OF HUSBAND OR WIFE: Dora (Spencer) Vansickel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: 490-10-6013
17. INFORMANT'S SIGNATURE OR NAME: Mrs.W.A.Vansickel
ADDRESS: 1516-E-Normal Kirksville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck and crushed chest, — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) also fractured skull and multiple contussions and lacerations.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): M.F.A. Exchange
21c. (CITY, TOWN, OR TOWNSHIP) 12 4 (COUNTY) (STATE): Kirksville Adair Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 7, 1954 3:10 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell in a feed mixing machine which started. (Electric operated).

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 3:10p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert B. Davis
(Degree or title): Coroner
23b. ADDRESS: Kirksville, Adair Co. Mo
23c. DATE SIGNED: 10-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-10-54
24c. NAME OF CEMETERY OR CREMATORY: Green Grove Cemetery
24d. LOCATION (City, town, or county) (State): Adair County, Missouri

DATE REC'D BY LOCAL REG.: 10-9-54
REGISTRAR'S SIGNATURE: Kate Lambert 1-0
25. FUNERAL DIRECTOR'S SIGNATURE: Robert B. Davis
ADDRESS: Kirksville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I he[redacted]rtify 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 .....
Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, Missouri

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.