

FILED OCT 6 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28860**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **9** PRIMARY REG. DIST. NO. **3019** Registrar's No. **93**

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Helena</b>		c. CITY OR TOWN <b>Helena</b>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		STREET ADDRESS (If rural, give location) <b>0000</b>	

3. NAME OF DECEASED (Type or Print) - a. (First) <b>Gordon</b> b. (Middle) <b>Cummines</b> c. (Last) <b>Van Meter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9-27-1955</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <b>83</b> If UNDER 1 YEAR Months <b>7</b> If UNDER 4 HRS. Days <b>25</b> Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) <b>Rochester Mo</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>James Van Meter</b>		13b. MOTHER'S MAIDEN NAME <b>Charlett Carter</b>		14. NAME OF HUSBAND OR WIFE <b>Wilbertie Van Meter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ms. Wilbertie Van Meter Helena Mo</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b>		<b>Minutes</b>	
		DUE TO (c) <b>Arteriosclerosis</b>		<b>years</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>		<b>years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <b>331X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-24, 1952**, to **9-27, 1955**, that I last saw the deceased alive on **9-27, 1955**, and that death occurred at **10:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lyle P. Sparks</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Union Star, Mo.</b>		23c. DATE SIGNED <b>9-28-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>9-29-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Union Star</b>	
DATE REC'D BY LOCAL REG. <b>9-28-55</b>		REGISTRAR'S SIGNATURE <b>Lyle P. Sparks</b>		24d. LOCATION (City, town, or county) (State) <b>Union Star Mo</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>Breit Funeral Home</b>		ADDRESS <b>Savannah Mo</b>	

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

6761 011 155

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 *E. C. Breit*.....

Licensed Embalmer No. *2652*

P. O. Address *Juana...*

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.