S. No. 300
v. 10.48

FILED NOV 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33104

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4032 Registrar's No. 146

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Amsterdam
c. LENGTH OF STAY (In this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bates
c. CITY OR TOWN: Amsterdam
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Edmend
c. (Last): Van Slyke

4. DATE OF DEATH (Month) (Day) (Year): 10-26-56

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-12-1888
9. AGE (In years last birthday): 68 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Windsor, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James F. Van Slyke
13b. MOTHER'S MAIDEN NAME: Elzina Smith
14. NAME OF HUSBAND OR WIFE: Ruth Van Slyke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 565-36-4144
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Ruth Van Slyke, Amsterdam 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) Metastatic Abdominal Carcinoma - at uses — INTERVAL BETWEEN ONSET AND DEATH: 10 mos
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypermephroma - (Left) — 36 mos.
DUE TO (c)

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Operated by another doctor 180X
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* Aug 15, 19[redacted], *to* Oct 26, 1956, *that I last saw the deceased alive on* Oct 15, 1956, *and that death occurred at* 8 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Basil O. Hartwell M.D.
23b. ADDRESS: Drexel, Mo.
23c. DATE SIGNED: 10-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-29-56
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State): Butler, Missouri

DATE REC'D BY LOCAL REG.: Oct. 27-56
REGISTRAR'S SIGNATURE: Kendall Kerry
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Archer & Mangold, Amsterdam, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

A.M. 17-C

NOV 9 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gerald E. White

Licensed Embalmer No. 49

P. O. Address Lansburg,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.