

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35097

FILED OCT 23 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 277

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Moberly</u>	c. LENGTH OF STAY (in this place) <u>4 weeks</u>	c. CITY OR TOWN <u>Cairo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>none</u>	

3. NAME OF DECEASED a. (First) <u>ELMER</u> b. (Middle) <u>LEON</u> c. (Last) <u>VANSKIKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7-1956</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 4-1891</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wabash shops</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Macon county</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Leslie Vanskike</u>	13b. MOTHER'S MAIDEN NAME <u>Bettie Brock</u>	14. NAME OF HUSBAND OR WIFE <u>Therrie Tara Vanskike</u>		
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elmer Vanskike</u> ADDRESS <u>Cairo Mo.</u>		
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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>Hypostatic Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Pulmonary Emphysema - Asthma</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>About 3 weeks</u> <u>Years</u>
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19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
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22. I hereby certify that I attended the deceased from Sept. 8, 1956 to Oct. 7, 1956, that I last saw the deceased alive on Oct. 7, 1956, and that death occurred at 5:56 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Mc Murtry</u> (Degree or title) <u>M. D., Surgeon in Charge</u>		23b. ADDRESS <u>Wabash Employes' Hospital</u> <u>Moberly, Missouri</u>	23c. DATE SIGNED <u>10/9/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 9, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand Prairie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cairo Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 9, 56</u>	REGISTRAR'S SIGNATURE <u>Leah Louise</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carter Funeral Home</u> ADDRESS <u>Moberly Mo.</u>		
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OCT 24 1916

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.....  
*Jerry R. Carter*

Licensed Embalmer No. *4906*

P. O. Address *Moberly, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.