

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 017743  
State File No.

FILED JUN 3 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5221 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>KNOX</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOX</u> ✓	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. CITY OR TOWN	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		STREET ADDRESS (If rural, give location) <u>4 1/2 MILE S.E. HURDLAND, MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>WILL</u> c. (Last) <u>VANSICKLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 17 1957</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASION</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN 7<sup>TH</sup> 1874</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KNOX COUNTY MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN R. VANSICKLE</u>	13b. MOTHER'S MAIDEN NAME <u>ABIGAIL PINKSTON</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>LELAND MCGLOTHLIN</u>	ADDRESS <u>RURAL HURDLAND, MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Toxicity of Uremia</u> DUE TO (c) <u>Carcinoma of Prostate</u>		
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 <u>177X</u>	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) (Min.)	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 Nov. 29, 1956, to May 17, 1957, that I last saw the deceased alive on May 17, 1957, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Kirkville MO</u>	23c. DATE SIGNED <u>5-21-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 19 - 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u>	24d. LOCATION (City, town, or county) (State) <u>HURDLAND MO</u>
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DATE REC'D BY LOCAL REG. <u>June 1</u>	REGISTRAR'S SIGNATURE <u>Kelle S. Humalt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley Rogers</u>	ADDRESS <u>Brashear, Mo.</u>
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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 ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard B. Kelly*.....  
Licensed Embalmer No. *4490*

P. O. Address *Edina, 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.