

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

128 -61-028177

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No.

AMENDED

FILED JUL 25 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Walker	
Length of stay in Ib 5 Min.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If outside, give location) R. R. # 2	
3. NAME OF DECEASED (Type or print) First Ray Middle James Last VanBuskirk		4. DATE OF DEATH Month July Day 2 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/21/91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 70
11a. FATHER'S NAME Geo. VanBuskirk		11b. MOTHER'S MAIDEN NAME Anna Eddinger	11c. NAME OF HUSBAND OR WIFE Pansy A. VanBuskirk
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		13. INFORMANT Pansy VanBuskirk Address R.R.2 Walker, Mo.	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH 30 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	16a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	16b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	18. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	19. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from April 14, 1961 to July 2 1961 and last saw ^{66X} him alive on July 2 1961 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>L.P. McCann</i>		22b. ADDRESS Moore Bldg., Nevada, Mo.	22c. DATE SIGNED 7/3/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/5/61	23c. NAME OF CEMETERY OR CREMATORY Maple Hill	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas.
24. FUNERAL DIRECTOR Richard L. Shorten. ADDRESS Nevada, Mo.		25. DATE RECD. BY LOCAL REG. July 18-1961	26. REGISTRAR'S SIGNATURE <i>Anna E. Jerry</i>

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 *Lloyd C. McLeod*

Licensed Embalmer No. 4853

P. O. Address Neala, 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.