

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008106

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 294 Primary Registration District No. 305C Registrar's No. 67

FILED MAR 11 1963

VS 300 Rev. 4/59	DATE AMENDED	
6887	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
2 0887	INSTEAD OF	
3	DOCUMENT	
4 0	MEDICAL CERTIFICATION	
5 1	BY AFFIDAVIT OF	
6		
7 0		
8 2		
9 4500		
10		
11		
12 86-0		
13 3-0		

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 (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u>		c. CITY OR TOWN: <u>Moberly</u>	
Length of stay in 1b: <u>50 Years</u>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>1400 Quinn Street New Haven Nurs Home</u>		d. STREET ADDRESS (If outside, give location): <u>1400 Quinn</u>	
Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First: <u>James</u> Middle: <u>Perry</u> Last: <u>Vanskike</u>			4. DATE OF DEATH Month: <u>3</u> Day: <u>7</u> Year: <u>1963</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <u>3/18/1876</u>
9. AGE (last birthday): <u>86</u>		IF UNDER 1 YEAR: Months: <u>  </u> Days: <u>  </u> Hours: <u>  </u> Min: <u>  </u>	IF UNDER 24 HR: Hours: <u>  </u> Min: <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Retired Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>School</u>	11. BIRTHPLACE (City and state or country): <u>Macon County</u>
12. CITIZEN OF WHAT COUNTRY: <u>USA</u>		13a. FATHER'S NAME: <u>Henry Vanskike</u>	
13b. MOTHER'S MAIDEN NAME: <u>Mary Coulter</u>		14. NAME OF HUSBAND OR WIFE: <u>Winnifred D. Vanskike</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>No</u>		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT: <u>James P. Vanskike</u>		Address: <u>Moberly, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis generaliz.</u>			INTERVAL BETWEEN ONSET AND DEATH: <u>1 year</u>
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): <u>Infectious arthritis, superimposed on osteoarthritis of</u>			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY: Hour: _____ a.m. _____ p.m. Month: _____ Day: _____ Year: _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): _____		20f. CITY, TOWN, OR LOCATION: _____ COUNTY: _____ STATE: _____	
21. I attended the deceased from <u>Sept 6 1951</u> to <u>March 7 1963</u> and last saw him alive on <u>Feb 25 1963</u> Death occurred at <u>  </u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title): <u>[Signature]</u>		22b. ADDRESS: <u>346 Woodland, Moberly</u>	22c. DATE SIGNED: <u>3/8/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	23b. DATE: <u>3/9/63</u>	23c. NAME OF CEMETERY OR CREMATORY: <u>Sunset Memorial</u>	23d. LOCATION (City, town, or county) (State): <u>Moberly, Mo</u>
24. FUNERAL DIRECTOR: <u>Million &amp; Greer</u> Address: <u>Moberly, Mo</u>		25. DATE RECD. BY LOCAL REG.: <u>March 8-1963</u>	26. REGISTRAR'S SIGNATURE: <u>[Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

STATE OF MISSOURI

7880  
67880

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*Permit Renewed 3/8/63*

**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 *John A. Green*  
Licensed Embalmer No. 3815

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.