

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017191

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 294 Primary Registration District No. 6008 Registrar's No. 116

VS 300
Rev. 4/59

1 0880

2 0887

3 2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FILED MAY 14 1963	
1. PLACE OF DEATH	
a. COUNTY Randolph	b. CITY (If outside corporate limits, give TOWNSHIP only) PRAIRIE TOWNSHIP
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE Missouri	b. COUNTY Randolph
c. CITY OR TOWN Moberly	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) Hiway 63 S. of Renick	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS 624 W. End Pl.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
First James	Middle Peter
Last Vanskike	
4. DATE OF DEATH	
Month 5	Day 8
Year 63	
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 1/3/1913
9. AGE (last birthday) 50	
IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
IF UNDER 1 YEAR Hours	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) salesman	
10b. KIND OF BUSINESS OR INDUSTRY tobacco	11. BIRTHPLACE (City and state or country) Edina, Missouri
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James P. Vanskike	
13b. MOTHER'S MAIDEN NAME Winifred D. Newton	
14. NAME OF HUSBAND OR WIFE Lillian Vanskike	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) WW II	
16. SOCIAL SECURITY NO. WW II	
17. INFORMANT Lillian Vanskike	
Address Moberly, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Sub-arachnoid hemorrhage massive	
INTERVAL BETWEEN ONSET AND DEATH instant	
DUE TO (b) Severe injuries to head and body	
INTERVAL BETWEEN ONSET AND DEATH instant	
DUE TO (c) Trauma	
INTERVAL BETWEEN ONSET AND DEATH instant	
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Met car in which both over center line causing	
20c. TIME OF INJURY Hour 4:25 p.m.	
Month, Day, Year May 8, 1963	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Hyway 63,	
20f. CITY, TOWN, OR LOCATION Prarie Township, Randolph Co. Mo.	
21: I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 4:25 PM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Geny A. Jolly, D.O. Coroner	
22b. ADDRESS 302 1/2 N. Clark, Moberly, Mo.	
22c. DATE SIGNED 5/10/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/10/63
23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	
23d. LOCATION (City, town, or county) (State) Moberly, Missouri	
24. FUNERAL DIRECTOR Million & Greer	
ADDRESS Moberly, Mo.	
25. DATE RECD. BY LOCAL REG. 5/10/63	
26. REGISTRAR'S SIGNATURE D. Cecil White	

USE BLACK INK OR TYPEWRITER RIBBON

MAY 27 1963

MAY 15 1963

JUN 11 1963

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 _____ Signed John A. Miller
Signature of Student Embalmer

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.