S. No. 300
v. 10.48

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 369

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5130 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rushville Rush Twsp.
c. LENGTH OF STAY (In this place): Entire Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rushville Mo. RR #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Rushville
d. STREET ADDRESS (If rural, give location): Rural #1

3. NAME OF DECEASED (Type or Print)
a. (First): Virgil
b. (Middle): Shade
c. (Last): Van Hoozer

4. DATE OF DEATH (Month) (Day) (Year): Jan. 6, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 27, 1883
9. AGE (Give last birthday): 65 years; If under 1 year: Months; Days; If under 1 day: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Rushville Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James C Van Hoozer
13b. MOTHER'S MAIDEN NAME: Lucinda Thompson
14. NAME OF HUSBAND OR WIFE: Elizabeth Van Hoozer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Elizabeth Van Hoozer
ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pericarditis, chr, constrictive — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*: Pulmonary tuberculosis, minimal — 6 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-10 *19*48, *to* 5 Jan, *19*49, *that I last saw the deceased alive on* 5 Jan, *19*49, *and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edwin Huff MD
23b. ADDRESS: Atchison Kan.
23c. DATE SIGNED: 1-6-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 8 1949
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Armstrong
24d. LOCATION (City, town, or county) (State): Rushville Mo.

DATE REC'D BY LOCAL REG.: 1-8-49
REGISTRAR'S SIGNATURE: G. B. Jenkins
25. FUNERAL DIRECTOR'S SIGNATURE: Elmino Douglass Mortuary
ADDRESS: Atchison, Kan.

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....
Student Embalmer

Signed J. W. Dyer

Licensed Embalmer No. 4320

P. O. Address Atchison, Ka

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 this body is not embalmed, fact should be so stated above.