

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1591

BIRTH NO. 49-002630 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 22

49
2
5

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

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) R#4, Box 428	
3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) JUDY DARLENE VAN			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 03, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 1-3-49
9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 1 MRS. Days 0	IF UNDER 1 MRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Joplin, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME GEORGE VAN	
13b. MOTHER'S MAIDEN NAME EDNA WALLER		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME GEORGE VAN, R#4, Box 428, Joplin, Mo
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth, a 7 th mo ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Steep work digging with a pick and shovel DUE TO (c) bed statement 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 n/l	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) HOMICIDE Accident at her home	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at her home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin Jasper Mo	
21d. TIME OF INJURY Jan 27 1948	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Digging in yard with pick	
22. I hereby certify that I attended the deceased from Jan - 1 1948, to Jan - 2 1949, and that death occurred at 1:15 A.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. C. Coats M.D.		23b. ADDRESS Joplin Mo	23c. DATE SIGNED 1-18-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-4-49	24c. NAME OF CEMETERY OR CREMATORY Fairview	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
DATE REC'D BY LOCAL REG. 1-18-49	REGISTRAR'S SIGNATURE Edw. J. Jamieson	25. FUNERAL DIRECTOR'S SIGNATURE PARKER-HUNSAKER MORTUARY, JOPLIN, MO	

by Nelson S. Johnson, Licensed Embalmer's Statement on Reverse Side

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.

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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 this body is not embalmed, fact should be so stated above.