

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7385

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>	c. LENGTH OF STAY (In this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> <u>1980</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>320 David Lyon</u>		d. STREET ADDRESS (If rural, give location) <u>320 David Lyon</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) <u>Van Alstine</u> c. (Last) <u>Van Alstine</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. <del>Married</del> WIDOWED, <del>Single</del> (Specify) <u>W</u>	8. DATE OF BIRTH <u>May 22, 1881</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Robert Weber</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Battle</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Van Alstine</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. <u>500-12-1316</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>David F. Elliott</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	DUPLICATE TO (b) <u>Hypertension</u>			<u>Immediate</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUPLICATE TO (c) _____			<u>Several months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u>	_____			<u>Several mo</u>

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>231X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>

22. I hereby certify that I attended the deceased from Jan 13, 1950, to Feb 8, 1950, that I last saw the deceased alive on Feb 4, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. S. Love</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>2-13-50</u>	
24a. BURIAL (Specify) <u>17</u>	24b. DATE <u>Feb. 11, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sequoyia</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>		

DATE REC'D BY LOCAL REG. <u>Feb. 20, 1950</u>	LOCAL REGISTRAR'S SIGNATURE <u>Kathryn H. Yancey</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thompson</u>	ADDRESS <u>Kansas</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 1-50-140

Date Filed 2-28-50

**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 \_\_\_\_\_



Licensed Embalmer No. 176C

P. O. Address Woodside, 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.