

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**32596**

State File No. ....

No. 300  
10. 48

**FILED** OCT 25 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 570

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>1. PLACE OF DEATH</b>   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission). |                           |
| a. COUNTY<br><b>Boone</b>  | b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Centralia</b> | a. STATE<br><b>Missouri</b>   | b. COUNTY<br><b>Boone</b> |
| c. LENGTH OF STAY (In this place)<br><b>9 mo</b>                     |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Columbia</b>       |                           |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Hulen Nursing Home</b> |  | d. STREET ADDRESS (If rural, give location)<br><b>718 Gentry</b>                              |                           |

|   |                           |                              |                                |   |
|---|---------------------------|------------------------------|--------------------------------|---|
| <b>3. NAME OF DECEASED</b><br>(Type or Print) | a. (First)<br><b>MAUD</b> | b. (Middle)<br><b>HELENA</b> | c. (Last)<br><b>VAN TASSEL</b> | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><b>October 16, 1951</b> |
|---|---------------------------|------------------------------|--------------------------------|---|

|                                |   |   |  |   |
|--------------------------------|---|---|--|---|
| <b>5. SEX</b><br><b>Female</b> | <b>6. COLOR OR RACE</b><br><b>White</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b><br><b>Married</b> | <b>8. DATE OF BIRTH</b><br><b>Feb. 6, 1878</b> | <b>9. AGE</b> (In years last birthday) Months Days Hours Min.<br><b>73 8 10</b> |
|--------------------------------|---|---|--|---|

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|--|--|---|--|
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>---</b> | <b>11. BIRTHPLACE</b> (State or foreign country)<br><b>Chatham, Ontario</b> | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>U.S.</b> |
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|---|---|---|
| <b>13a. FATHER'S NAME</b><br><b>William O. Hess</b> | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Ella Jane Chatterson</b> | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Otis M. Van Tassel</b> |
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|--|--|--|--|
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | <b>16. SOCIAL SECURITY NO.</b><br><b>NOIVE</b> | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><b>Mrs. Ronald W. Kennedy, Columbia, Mo.</b> | <b>ADDRESS</b><br><b>Columbia, Mo.</b> |
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| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b>   |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><b>10 mo.</b> |
|  | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Occlusion</b>  |  |  |
|  | <b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:<br><b>DUE TO (b) Severe arteriosclerosis</b><br><b>DUE TO (c) Severe mental deterioration</b> |  |  |

|                               |  |  |
|-------------------------------|--|--|
| <b>19a. DATE OF OPERATION</b> | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><b>#201</b> | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|---|--|
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)        | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)               | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b><br><b>Centralia Boone Mo.</b> |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) | <b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b>  |

**22. I hereby certify that I attended the deceased from Feb 10, 1951, to Oct 16, 1951, that I last saw the deceased alive on Oct 15, 1951, and that death occurred at 7:30 a. m., from the causes and on the date stated above.**

|   |                                  |  |  |
|---|----------------------------------|--|--|
| <b>23a. SIGNATURE</b><br><i>J. J. Edmondson</i> | (Degree or title)<br><b>M.D.</b> | <b>23b. ADDRESS</b><br><b>Centralia, Mo.</b> | <b>23c. DATE SIGNED</b><br><b>Oct 17, 51</b> |
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| <b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>Burial</b> | <b>24b. DATE</b><br><b>Oct. 18, 1951</b> | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>Memorial Park Cemetery</b> | <b>24d. LOCATION</b> (City, town, or county) (State)<br><b>Columbia, Mo.</b> |
|---|--|--|--|

|   |  |           |  |  |
|---|--|-----------|--|--|
| <b>DATE REC'D BY LOCAL REG.</b><br><b>Oct 17-1951</b> | <b>REGISTRAR'S SIGNATURE</b><br><i>Maud M. Bride</i> | <b>30</b> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><i>Parker Funeral Service</i> | <b>ADDRESS</b><br><b>Columbia, Mo.</b> |
|---|--|-----------|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED** OCT 24 1951  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed OCT 24 1951

**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. 4132

P. O. Address Columbia, S.C.

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.