

5. No. 300
v. 10. 48

FILED NOV 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37831

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

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 218			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio b. COUNTY Stark					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (in this place) 3 1/2 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Massillon 8240					
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital				d. STREET ADDRESS (If rural, give location) 3512 Lincoln Way E. 8					
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) VALLIE c. (Last) VAN ARSDALE			4. DATE OF DEATH (Month) (Day) (Year) Nov 18, 1951						
5. SEX male 0		6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH Sept 7, 1881		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 100 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. engineer			10b. KIND OF BUSINESS OR INDUSTRY Penn Railroad		11. BIRTHPLACE (State or foreign country) New Brighton, Penn		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Abraham Van Arsdale			13b. MOTHER'S MAIDEN NAME Fannie M. Poulson		14. NAME OF HUSBAND OR WIFE Stella Van Arsdale				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 716-18-6802		17. INFORMANT'S SIGNATURE OR NAME R.W. Van Arsdale, 1002 Spangler Rd N.E. Canton, Ohio					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head injury due to trauma of automobile accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shock due to trauma DUE TO (c) Fractures of femur Fractures of ribs, RT. Multiple severe lacerations of leg II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe laceration of hand 19a. DATE OF OPERATION _____						INTERVAL BETWEEN ONSET AND DEATH 3 hrs, 35 min 5 hrs, 35 min 5 hrs, 35 min 5 hrs, 35 min 3 hrs, 35 min 2. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 487 Highway 66		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) West of Carthage Jasper Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 18 1951 11:30 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Struck while driving automobile at high rate of speed.					
22. I hereby certify that I attended the deceased from 11-18, 1951 to 11-18, 1951, that I last saw the deceased alive on 11-18, 1951, and that death occurred at 3:05 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS Carthage, Mo.		23c. DATE SIGNED 11/18/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE Nov 19-1951		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Canton, Ohio			
DATE REC'D BY LOCAL REG. 11-19-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo					

RECEIVED 11-26-51
Jasper County Health Office

County File Number 51/11/868

Date Filed 11-26-51

DEC 5 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 Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.