

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12307

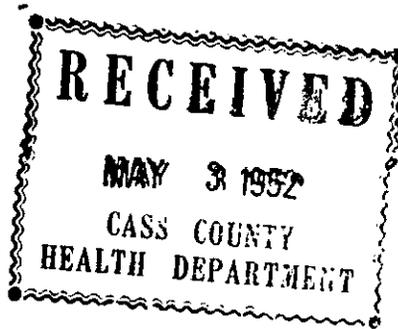
State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4096 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Freeman</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Freeman</u> <u>0190</u>	
c. LENGTH OF STAY (in this place) <u>224</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>ANN</u> c. (Last) <u>VAN METER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct 7 1873</u>
9. AGE (In years, last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home-maker</u>	11. BIRTHPLACE (State or foreign country) <u>Cass Co Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John C Van Meter</u>		13b. MOTHER'S MAIDEN NAME <u>Melvina Buckles</u>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H. J. Van Meter</u> ADDRESS <u>Freeman Mo</u>
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (hypostatic)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Months</u>	
ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cerebral Arteriosclerosis</u>		<u>2 1/2 RS</u>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>NOV. 8 1951</u> , to <u>May 1 1952</u> , that I last saw the deceased alive on <u>May 1 1952</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. J. Van Meter M.D.</u> (Doctor or title)		23b. ADDRESS <u>Harrisonville Mo</u>	
23c. DATE SIGNED <u>May 3 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 3 - 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Freeman Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 3 1952</u>		REGISTRAR'S SIGNATURE <u>Rosal Barward</u> ADDRESS <u>457 10</u>	
GENERAL DIRECTOR'S SIGNATURE <u>Quinn Bugeis</u>		ADDRESS <u>Harrisonville Mo</u>	

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

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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 Ernest R. Cunningham

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.