

5. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21939

State File No.

FILED JUN 30 1953

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>	
b. CITY OR TOWN <u>Wabbe City Mo</u>	c. LENGTH OF STAY (If this place)	c. CITY OR TOWN <u>Toplin</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JANE CHIN HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>407 1/2 MAIN. 0495</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES U.</u> b. (Middle) <u>VAN HORN.</u> c. (Last) <u>FRANCES U. VAN HORN.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6. 20. 53</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED.</u>	8. DATE OF BIRTH <u>5/15/1883.</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) <u>HOUSE DUTY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JASPER UNDERWOOD</u>		13b. MOTHER'S MAIDEN NAME _____	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>485-24-7365</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Elsie M. Coy</u>		17. ADDRESS <u>407 1/2 Main Toplin Mo</u>	
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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>Acute dilatation of heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Diabetic Coma</u>		12 hrs.	
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 _____		19b. MAJOR FINDINGS OF OPERATION <u>260x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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) _____		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 June 19, 1953, to June 20, 1953, that I last saw the deceased alive on June 20, 1953, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Chas. B. Joyce, M.D.</u>		23b. ADDRESS <u>First Bldg. Toplin Mo</u>		23c. DATE SIGNED <u>6/22/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/21/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>TOPLIN MO</u>		24e. NAME OF LOCAL REGISTRAR <u>Miss Madeline Sirtner</u>		24f. ADDRESS <u>1179</u>	

DATE REC'D BY LOCAL REG. <u>6-23-53</u>		REGISTRAR'S SIGNATURE <u>Miss Madeline Sirtner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>GLOVER MORDEKAY</u>	
				ADDRESS <u>Toplin Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-29-53
Jasper County Health Office

County File Number 53-6-53
Date Filed 6-29-53

SEP 16 1953

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.....
Signature of Student Embalmer

Signed *Dale Green*.....

Licensed Embalmer No. *45*.....

P. O. Address *Joplin*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.