

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25623

FILED AUG 5 - 1953

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5726 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Middle Fork</u>		c. LENGTH OF STAY (in this place) <u>10yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Middle Fork</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD Anabel</u>			d. STREET ADDRESS (If rural, give location) <u>R.F.D. Anabel 0610</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) <u>Monroe</u> c. (Last) <u>Van Doren</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 26, 1877</u>	9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY: _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan County Kans.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>E. J. Van Doren</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hochett</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Grace Van Doren</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Grace Van Doren Anabel, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Pulmonary</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Liver</u>		
	DUE TO (c) <u>Carcinoma Colon</u>		
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>153X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 July 10, 1951, to July 13, 1953, that I last saw the deceased alive on July 13, 1953, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree of death) <u>Ed. Mason</u>	23b. ADDRESS <u>Macon, Mo</u>	23c. DATE SIGNED <u>9/20/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 15, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>R.F.D. Macon, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/22/53</u>	REGISTRAR'S SIGNATURE <u>John McNeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lester Tutlow Macon, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0610

VS OCT 5 1960

RECEIVED 7-29-53
MACON COUNTY HEALTH DEPARTMENT
County File No. 7-53141
Date Filed 7-31-53

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 *Charles L. Sutton*

Licensed Embalmer No. *4577*

P. O. Address *Macon, Mo.*

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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.