

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29956

FILED SEP 29 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142 Registrar's No. 484

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Neelyville)		c. CITY OR TOWN Neelyville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) rural Neelyville 3 yrs.		e. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home, Rt. 1. Neelyville, Mo.		01210	
3. NAME OF DECEASED (Type or Print) a. (First) Maggie b. (Middle) * c. (Last) VanHook		4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 21, 1865
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months 9 Days 15	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Denmark
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME No Record	
13b. MOTHER'S MAIDEN NAME Margaret Anna Hanson		14. NAME OF HUSBAND OR WIFE S. J. VanHook (Dec.)	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lillie Glasgow Neelyville, Mo.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	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 Sept 1, 1954 , to Sept 6, 1954 , that I last saw the deceased alive on Sept 1, 1954 , and that death occurred at 8:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS [Address]	23c. DATE SIGNED 9-1-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-8-1954	24c. NAME OF CEMETERY OR CREMATORY Pratt Cemetery
24d. LOCATION (City, town, or county) (State) Ripley County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Russell Erment - Corning, Ark.	

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

RECEIVED
SEP 27 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

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 Me Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Richard O. Emmer
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Licensed Embalmer No. _____

P. O. Address Corning, Ar

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.