

FILED DEC 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42999

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2877

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rock Hill		c. CITY OR TOWN Rock Hill	
c. LENGTH OF STAY (In this place) 3 Yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 632 County Hills Drive		e. STREET ADDRESS (If rural, give location) 632 County Hills Drive	

3. NAME OF DECEASED (Type or Print)	a. (First) ELIZABETH	b. (Middle) HAWKINS	c. (Last) VAN HOUTEN	4. DATE OF DEATH (Month) (Day) (Year) 12-10-1955
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-24-1903	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Kearney Mo.	12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Emmett A Hawkins	13b. MOTHER'S MAIDEN NAME Fleta Pearl Wilson	14. NAME OF HUSBAND OR WIFE Clarence K VanHouten
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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 C.K. VanHouten 632 County Hills Dr.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Breast		
	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 170x	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)
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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?
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22. I hereby certify that I attended the deceased from 10/15, 1955, to 12/10, 1955, that I last saw the deceased alive on 12/7, 1955, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Earld Brand MD	23b. ADDRESS Webster Graves Mo	23c. DATE SIGNED 12/10/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-12-1955	24c. NAME OF CEMETERY OR CREMATORY Clarence Cemetery	24d. LOCATION (City, town, or county) (State) Clarence Mo.
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DATE REC'D BY LOCAL REG. 12-11-55	REGISTRAR'S SIGNATURE Herbert R. Lombard MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parber Albright Fun Home Webster Graves
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Neville D. Prohvetter*

Licensed Embalmer No. *3696*

P. O. Address *15 W. Lockwood*

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.