

2024

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 2H

No. 300

10-48

FILED JAN 25 1956

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		State File No.	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hannibal, Mo.</u>		c. LENGTH OF STAY (In this place) <u>2</u> W.I.S. <u>W.I.S.</u>		c. CITY OR TOWN <u>Hannibal</u>		d. Is Residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1618 Wardlow St.</u>				e. STREET ADDRESS (If rural, give location) <u>1618 Wardlow St.</u> <u>06475</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Millie</u> b. (Middle) <u>Mae</u> c. (Last) <u>Van Hoose</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-18-56</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>5-14-1877</u>	
9. AGE (In years last birthday) <u>78</u>		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) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>Macon County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Charlie Morgan</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Van Hoose</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W.L. Van Hoose, 1618 Wardlow, St.</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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cong. Heart Failure</u> DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4341</u></p>					<p>INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> <u>3 months</u></p>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Hannibal Marion Mo.</u>			
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 <u>Dec 16</u> 6:30 P.M. to <u>Jan 18</u> , 1956, that I last saw the deceased alive on <u>Jan 18</u> , 1956, and that death occurred at _____ m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. H. Waterschlag Sr. D.O.</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>Jan 20, 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-21-56</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1/20/56</u>		REGISTRAR'S SIGNATURE <u>Wm Lucke By H.C. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jack Schuyler - Hannibal, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 24 1956
MARION CO. HEALTH DEPT.
DATE FILED JAN 24 1956

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..... *Jack Schmitt*
Licensed Embalmer, No. 34900
P. O. Address Hamlet, N.C.

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.