

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1956

State File No. 2044

BIRTH NO. _____		REG. DIST. NO. 211		PRIMARY REG. DIST. NO. 4324		Registrar's No. 5-56			
1. PLACE OF DEATH a. COUNTY MILLER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MORGAN					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia-		c. LENGTH OF STAY (in this place) 8 days		c. CITY OR TOWN BARNETT		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Humphreys - Hospital				e. STREET ADDRESS (If rural, give location) 2 1/2 mi - N - W - BARNETT					
3. NAME OF DECEASED (Type or Print) a. (First) MARY- b. (Middle) ELLCN - c. (Last) VAN-HORN			4. DATE OF DEATH (Month) (Day) (Year) JAN 19 1956						
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 28 Feb 1896			
9. AGE (In years last birthday) 59		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House - wife		10b. KIND OF BUSINESS OR INDUSTRY At-Home		11. BIRTHPLACE (City and State or Foreign Country) St-Louis - Mo			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Tom - O'CONNOR		13b. MOTHER'S MAIDEN NAME MARY-ELLCN DOWNS		14. NAME OF HUSBAND OR WIFE George - VAN-HORN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George - VAN-HORN BARNETT 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTRAMEDULLARY HEMORRHAGE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SEVERE ATHEROSCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331x				INTERVAL BETWEEN ONSET AND DEATH 9 DAYS YEARS	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input checked="" 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.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None					
21d. TIME OF INJURY None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None					
22. I hereby certify that I attended the deceased from 1/12/1956, to 1/19/1956, that I last saw the deceased alive on 19 JAN, 1956, and that death occurred at 9:40 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) L. S. Humphreys, DO				23b. ADDRESS Tuscumbia - Mo		23c. DATE SIGNED 20 JAN 56			
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE 20 JAN 1956		24c. NAME OF CEMETERY OR CREMATORY MT. PLEASANT		24d. LOCATION (City, town, or county) (State) MILLER - Co Mo			
DATE REC'D BY LOCAL REG. Feb. 1, 1956		REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach		522		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ELdon Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 7 1956

VS JUL 19 1960

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 *Keith McKays*
Licensed Embalmer No. *399*

P. O. Address *Eldon Mo*

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.