

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED APR 17 1957

State File No. **13887**

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

BIRTH NO. _____		REG. DIST. NO. 182		PRIMARY REG. DIST. NO. 3040		Registrar's No. 99	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (In this place) 1 day		c. CITY OR TOWN Chillicothe		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 Chillicothe Hospital				e. STREET ADDRESS (If rural, give location) 145 Stewart 0592 0			
3. NAME OF DECEASED (Type or Print) a. (First) Denise b. (Middle) Faye c. (Last) VanFossen			4. DATE OF DEATH (Month) (Day) (Year) 2-23-57				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 1-1-1957 1-1-1957	
9. AGE (In years last birthday) 1 Months 15 Days		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Boulder, Colo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Wilson VanFossen		13b. MOTHER'S MAIDEN NAME Patricia Ann Ralls		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilson VanFossen, Chillicothe, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Bronchial				INTERVAL BETWEEN ONSET AND DEATH Two hours	
		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 491x				20. AUTOPSY? 2 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 None , to _____, 19____, that I last saw the deceased alive on Feb 23, 1957 , and that death occurred at 5:00 a m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph A. Conrad M.D.				23b. ADDRESS Chillicothe, Mo.		23c. DATE SIGNED Feb. 25-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-25-57		24c. NAME OF CEMETERY OR CREMATORY Edgewood		24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri	
DATE REC'D BY LOCAL REG. 2-25-57		REGISTRAR'S SIGNATURE Frances B. Nail		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Finera, Home, Chillicothe, Mo.			

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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 *Joseph M. Tibben*.....

Licensed Embalmer No. *4769*.....

P. O. Address *Chillicothe*.....

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.