

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004326  
STATE FILE NUMBER

FILED FEB 20 1958

Registration District No. 2 Primary Registration District No. 3019 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rochester Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Amizonia</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Shadyawn Rest Home</u>				Length of stay in 1b <u>3 weeks</u>		d. STREET ADDRESS (If outside, give location) <u>No address</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Van Dorn</u> Last <u>Van Dorn</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>13</u> Year <u>1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept 30, 1871</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTH PLACE (City and state or country) <u>Winterset, Iowa</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Gordon Van Dorn</u>				14. MOTHER'S MAIDEN NAME <u>Kathren Hennicker</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Henry Marcotte, Weston, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary arterio sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>a decomensation Generalized Arterio Sclerosis</u> DUE TO (c) <u>Cardio-Vascular-renal disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 years</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4201</u>					
20c. TIME OF INJURY Hour <u>10:00</u> Month <u>A</u> Day <u>10</u> Year <u>1958</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>5-24-57</u> to <u>2-13-58</u> and last saw <u>her</u> alive on <u>1-25-58</u> Death occurred at <u>10:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Lilbert B. Kelley MD</u>				22b. ADDRESS <u>Savannah, Missouri</u>		22c. DATE SIGNED <u>2-11-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>2-15-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Benton Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Holt County, Mo.</u>	
24. FUNERAL DIRECTOR <u>Wm A Rich</u>		ADDRESS <u>Savannah, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-17-58</u>		26. REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 em  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Wm A. Rich*

Licensed Embalmer No. *422*

P. O. Address.....  
*Savannah*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ( 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.