

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016709

STATE FILE NUMBER

10

8
FILED MAY 18 1959

Registration District No. 31

Primary Registration District No. 5107

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN White		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN White
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Ionia		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 1088 0 Ionia
3. NAME OF DECEASED (Type or print) First Ida Middle Lorine Last van Wey		4. DATE OF DEATH Month May Day 6th Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 23rd 1912
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Ionia Mo
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Orville Van Wey	
13b. MOTHER'S MAIDEN NAME Ida Dennis		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. None	17. INFORMANT Orville van Wey Address Ionia Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Anoxia			INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Respiratory failure			1 hour
DUE TO (c) perforated eardrum			1 hour
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Brain injury when signat.			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.)	
20c. TIME OF INJURY Hour 10:30 P.m. Month, Day, Year			
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 Dec 58 , to 5-6-59 and last saw her alive on 5-6-59 Death occurred at 10:30 P.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John J. Calotus Do. (Degree or title)		22b. ADDRESS Cole Camp Mo	22c. DATE SIGNED 5-8-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 8th 1959	23c. NAME OF CEMETERY OR CREMATORY Ionia Cemetery	23d. LOCATION (City, town, or county) (State) Ionia Mo
24. FUNERAL DIRECTOR E L Eickhoff ADDRESS Cole Camp		25. DATE RECD. BY LOCAL REG. May 8 1959	26. REGISTRAR'S SIGNATURE E L Eickhoff

All diseases in Part I must be causally related.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1962

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 *E L Eubank*

Licensed Embalmer No. *730*

P. O. Address *Pole Camp 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.