

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024841

FILED VS AUG 10 1959

Registration District No. 728 Primary Registration District No. 2000 Registrar's No. 840

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield	Length of stay in 1b 4 hours	c. CITY OR TOWN Bolivar	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ozark Osteopathic Hospital		d. STREET ADDRESS (If outside, give location) 404 East Broadway	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Elsie Middle Jane Last Van Hoet	4. DATE OF DEATH Month August Day 5 Year 1959
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 11, 1868	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months 5 Days 24	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Lansing, Michigan	12. CITIZEN OF WHAT COUNTRY US
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13a. FATHER'S NAME Charles H. Phelpsck	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Phillip Van Hoet
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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 Mrs. T.P. Mahoney Kansas City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Collapse		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Cardiac Decompensation Contributing:		
DUE TO (c) Possible Malignancy of the Colon.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year 8-5-59
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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 Springfield, Mo.	COUNTY Dallas STATE Missouri
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21. I attended the deceased from **8-5-59** to **8-5-59** and last saw **her** alive on **8-5-59**
Death occurred at **5:10 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree title) Andrew Martenuck, Do	22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 8-5-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 7, 1959	23c. NAME OF CEMETERY OR CREMATORY Benton Branch Cemetery	23d. LOCATION (City, town, or county) (State) Dallas County Missouri
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24. FUNERAL DIRECTOR Montgomery Funeral Home Buffalo, Mo.	ADDRESS Buffalo, Mo.	25. DATE RECD. BY LOCAL REG. 8-7-59	26. REGISTRAR'S SIGNATURE Effie B. Melton
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Elyde Montgomerie*

Licensed Embalmer No. 2592

P. O. Address Buffalo,

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