

FILED FEB 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4504**

3830

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 17

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene Co</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO</u> b. COUNTY <u>Greene</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanbury mo</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanbury</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  | d. STREET ADDRESS (If rural, give location) <u>S. High St.</u>   |  |

|   |            |                            |                           |   |
|---|------------|----------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) <u>Minnie</u> | a. (First) | b. (Middle) <u>Doretta</u> | c. (Last) <u>Van Hook</u> | DATE OF DEATH (Month) (Day) (Year) <u>Jan 24 1949</u> |
|---|------------|----------------------------|---------------------------|---|

|                      |                           |  |                                     |   |   |                                     |
|----------------------|---------------------------|--|-------------------------------------|---|---|-------------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u> | 8. DATE OF BIRTH <u>Mar 14 1867</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u> | IF UNDER 1 HR. Hours <u>10</u> Min. |
|----------------------|---------------------------|--|-------------------------------------|---|---|-------------------------------------|

|  |  |   |                              |
|--|--|---|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | 11. BIRTHPLACE (State or foreign country) <u>Caledonia Ohio</u> | 12. CITIZEN OF WHAT COUNTRY? |
|--|--|---|------------------------------|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <u>Fredrick Fisher</u> | 13b. MOTHER'S MAIDEN NAME <u>Louisa Dryer</u> | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> |
|---|---|---|

|   |                         |   |         |
|---|-------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mabel Rogers Stanbury mo</u> | ADDRESS |
|---|-------------------------|---|---------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Atherosclerosis (General)</u><br>DUE TO (c) <u>Heart Hypertrophy</u> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 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 Jan 15, 1949, to Jan 24, 1949, that I last saw the deceased alive on Jan 24, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

|   |                                  |                                 |
|---|----------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Paul C. Mueselers, M.D.</u> | 23b. ADDRESS <u>Stanbury Mo.</u> | 23c. DATE SIGNED <u>1/24/49</u> |
|---|----------------------------------|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-27-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u> | 24d. LOCATION (City, town, or county) (State) <u>Stanbury MO</u> |
|---|--------------------------|--|--|

|   |   |   |                            |
|---|---|---|----------------------------|
| DATE REC'D BY LOCAL REG. <u>Jan 27 1949</u> | REGISTRAR'S SIGNATURE <u>Horner W. Melton</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Laboy G. Phillips</u> | ADDRESS <u>Stanbury Mo</u> |
|---|---|---|----------------------------|

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

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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.~~

Signed \_\_\_\_\_

*Leroy H. Phillips*

Signed.....  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*1898*

P. O. Address \_\_\_\_\_

*Stonbury MD*

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 this body is not embalmed, fact should be so stated above.