

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34085

48000

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

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Plain Valley SNI-A-SPR township) c. LENGTH OF STAY (in this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marble Hill Mo 48	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi West on Highway 40		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED a. (First) J. B. Van Meatter b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Oct. 3 - 1949
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb-20-1922
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver - Construction N. Way		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Mo ID
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Noah Van Meatter 13b. MOTHER'S MAIDEN NAME Lillie Jackson 14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes # 2 (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 352-709158	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Noah Van Meatter Marble Hill 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) fractured neck ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Contusion in armpit & chest DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. F 8 194 H 31	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION In Post Mortem	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Highway	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-3-49 12:30 P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 21f. HOW DID INJURY OCCUR automobile ran over	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE _____ (Degree or title) _____		23b. ADDRESS 1034 Oak & Blake S.E., No. 103-49	
23c. DATE SIGNED 10-3-49		24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE Oct-3-1949		24c. NAME OF CEMETERY OR CREMATORY Baker Cem	
24d. LOCATION (City, town, or county) (State) Julesville Mo		DATE REC'D BY LOCAL REG. OCT. 3, 1949	
REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

OCT 25 RECD

MAY 4 1950

NOV 1 1949

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 _____
Student Embalmer

Signed R. B. Webb

Licensed Embalmer No. 2353

P. O. Address Blen Spring, 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 this body is not embalmed, fact should be so stated above.