

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14087**

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) LOUISIANA		c. CITY (If outside corporate limits, write RURAL and give township) MIDDLETOWN RURAL	
c. LENGTH OF STAY (in this place) 2 DAYS		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION MINERAL SPRING HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) NANCY	b. (Middle) CORA	c. (Last) VAN DUZER	4. DATE OF DEATH (Month) (Day) (Year) APRIL 5, 1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 19, 1864	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 5 Days 16	IF UNDER 24 HRS. 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 (State or foreign country) PIKE COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME JOHN ATKINSON	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE VICTOR VANDUZER
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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'S SIGNATURE OR NAME FRANCES LAMME VANDALIA, MO.	ADDRESS
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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, asthma, 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) Coronary Occlusion		2 1/2 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		420IF
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured rt. femur		March 16	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall due to dizziness
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22. I hereby certify that I attended the deceased from **MARCH 16, 1950**, to **APRIL 16, 1950**, that I last saw the deceased alive on **APRIL 5, 1950**, and that death occurred at **12:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS 202 - LOUISIANA, MO.	23c. DATE SIGNED APRIL 5, 50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4-6-1950	24c. NAME OF CEMETERY OR CREMATORY New Hartford	24d. LOCATION (City, town, or county) (State) New Hartford MO
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DATE REC'D BY LOCAL REG. April 6, 1950	REGISTRAR'S SIGNATURE Bernice Collier	374	FUNERAL DIRECTOR'S SIGNATURE Grace Bankhead	ADDRESS Bowling Green MO
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 14
District Health Officer N
District File Number 4-20
Date Filed APR 14 19

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed *Harold C. Kins*

Signed.....
Student Embalmer

Licensed Embalmer No. *4597*

P. O. Address *Bowling Green*

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.