

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32396

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 355 PRIMARY REG. DIST. NO. 4520 Registrar's No. ....

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>TEXAS</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>TEXAS</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SUMMERSVILLE</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SUMMERSVILLE</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | d. STREET ADDRESS (If rural, give location)  |   |
| 3. NAME OF DECEASED<br>a. (First) <u>EDGAR</u>   |  | b. (Middle) <u>NEWTON</u>  |   |
|  |  | c. (Last) <u>VAN PELT</u>  |   |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>9-5-50</u>  |  |  |   |
| 5. SEX <u>M. O. W.</u>   | 6. COLOR OR RACE <u>N. M.</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH <u>NOV. 26, 1890</u>   |
| 9. AGE (In years last birthday) <u>59</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PLUMMER</u>  | 11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>                           |
|  |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |
| 13a. FATHER'S NAME <u>NEWTON W. VAN PELT</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>MARGARET WYMER</u>  | 14. NAME OF HUSBAND OR WIFE <u>NONE</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>   |  | 16. SOCIAL SECURITY NO. <u>W. W. I 414-18-4575</u>   | 17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE VAN PELT</u> ADDRESS <u>YUKON, MO</u> |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>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 <u>12:15 SEPT 5, 1950</u> , to <u>12:30 SEPT 5, 1950</u> , that I last saw the deceased alive on <u>SEPT 5, 1950</u> and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above. |  |  |   |
| 23a. SIGNATURE <u>Dr. Lawrence Hampton, 2 Do.</u>  |  | 23b. ADDRESS <u>Summersville, Mo</u>   |   |
| 23c. DATE SIGNED <u>Sept 7</u>   |  |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  | 24b. DATE <u>9-8-50</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>SUMMERSVILLE</u>   | 24d. LOCATION (City, town, or county) (State) <u>SUMMERSVILLE MO</u>              |
| DATE REC'D BY LOCAL REG. <u>9-14-50</u>  | REGISTRAR'S SIGNATURE <u>Anna Roberts</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord V. Elliott</u> ADDRESS <u>HOUSTON</u>  |   |

(Typed Embalmer's Statement on Reverse Side)

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

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1070

4501

DIVISION OF HEALTH OF MD.

District No. 5 - Springfield

RECEIVED SEP 18 1950

Dist. File 950-1938

Date Filed 9/23/50

SEP 27 1950

SEP 27 1950

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

*Frank E. Wood*

Licensed Embalmer No. 4026

P. O. Address Houston, 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.