

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39906**
Registrar's No. **1393**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Buchanan	b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	a. STATE Missouri	b. COUNTY Buchanan
c. LENGTH OF STAY (in this place) 30 days		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.		d. STREET ADDRESS (If rural, give location) 415 Kentucky	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Robert	c. (Last) VanHoozer	4. DATE OF DEATH (Month) (Day) (Year) December 7, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH March 1, 1879	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Ret.		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Rushville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James C. VanHoozer	13b. MOTHER'S MAIDEN NAME Lucy Thomas	14. NAME OF HUSBAND OR WIFE Leona VanHoozer
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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 Mrs. Leona VanHoozer	ADDRESS 415 Kentucky St. Joseph
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Lympho. Sarcoma		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2001		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION axillary gland - Lympho Sarcoma	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11/6, 1950, to 12/6, 1950, that I last saw the deceased alive on 12/6, 1950, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Frank N. Nadeau	(Degree or title) M.D.	23b. ADDRESS St Joseph Mo. 620 Francis St.	23c. DATE SIGNED 12/7/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 9, 1950	24c. NAME OF CEMETERY OR CREMATORY Sugar Creek Cem.	24d. LOCATION (City, town, or county) (State) Buchanan County, Mo.
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DATE REC'D BY LOCAL REG. Dec. 12, 1950	REGISTRAR'S SIGNATURE Carl C. Cook	25. FUNERAL DIRECTOR'S SIGNATURE Horton Bowman	ADDRESS Funeral Home St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. F. N. Hartigan

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 *William Galduz*.....

Licensed Embalmer No. *4535*.....

P. O. Address *319 S. 10th St. St. Joseph, 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.