S. No. 300
v. 10.48

FILED MAR 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10 263

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6179 Registrar's No. _____

1050

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan - Rural, Jackson Twp
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived., If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan - Rural 1050
d. STREET ADDRESS (If rural, give location): Jackson Twp

3. NAME OF DECEASED (Type or Print)
a. (First): Verne
b. (Middle): Irene
c. (Last): Van Fossen

4. DATE OF DEATH (Month) 2 (Day) 24 (Year) 51

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-25-1884
9. AGE (In years last birthday): 66 — If under 1 year: Months 9, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer's Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Reger - Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: W.H.W. DeWitt
13b. MOTHER'S MAIDEN NAME: Louise Reger
14. NAME OF HUSBAND OR WIFE: Wm. R. Van Fossen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Christina Van Fossen — ADDRESS: Milan 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac insufficiency — 6 mo.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4/22 22

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* oct - 1950, *to* 2-24, 1951, *that I last saw the deceased alive on* 2-23, 1951, *and that death occurred at* 1:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E W Simpson DO
23b. ADDRESS: Milan
23c. DATE SIGNED: 2/28/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/27/51
24c. NAME OF CEMETERY OR CREMATORY: Henry Cem.
24d. LOCATION (City, town, or county): Reger (State): Mo.

DATE REC'D BY LOCAL REG.: March 8, 1951
REGISTRAR'S SIGNATURE: Mrs. H. B. Harris 320
25. FUNERAL DIRECTOR'S SIGNATURE: Dwight Schoene — ADDRESS: Milan Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 3 1957

Date Received: MAR 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-522
Date Filed: MAR 10 1951

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Nelson 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.