

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15487

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5017 Registrar's No. 38

0030

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

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Modaway</u>		c. LENGTH OF STAY (If in this place) <u>6 Hrs.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvy</u> b. (Middle) <u>Van Fossan</u> c. (Last) _____			4. DATE OF DEATH: (Month) (Day) (Year) <u>5-17-51</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced-3</u>	8. DATE OF BIRTH <u>10-18-1899</u>	9. AGE (In years last birthday): Months <u>51</u> Days <u>6</u> Hours <u>29</u>	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Dealer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Sales</u>	11. BIRTHPLACE (State or foreign country) <u>Boletow, Mo. O</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel A. Van Fossan</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Schidtknecht</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dale Van Fossan</u> ADDRESS <u>Boletow Mo</u>
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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) <u>Cerebralectomy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>16-gauge shot-gun blast</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Andrew Co. Hwy E</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>R.F.D. #3 Savannah, Andrew, Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 17 1951 12 noon</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>16-gauge shot-gun blast</u>
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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 12 noon, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm A. Rich</u>	23b. ADDRESS <u>308 W. Main, Savannah, Mo</u>	23c. DATE SIGNED <u>5/19/51</u>
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24a. BURIAL - CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-20-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Andrew County MO</u>
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DATE REC'D BY LOCAL REG. <u>5-19-51</u>	REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm A Rich</u> ADDRESS _____
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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 *Wm A Rich*.....

Licensed Embalmer No. *4728*.....

P. O. Address *Savannah, 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.