

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 18 1951

State File No. 15494

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4015 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Westboro</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Westboro, 0034</b>	
c. LENGTH OF STAY (in this place) <b>20 yr</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Neil</b>	b. (Middle)	c. (Last) <b>Van Stavern</b>	4. DATE OF DEATH: (Month) (Day) (Year) <b>May-1st-1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July-29-1888</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Cornealius Van Stavern</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Mathews</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Van Stavern</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <b>Yes</b>	(If yes, give year or range of years) <b>World War I</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Emma Van Stavern</b>	ADDRESS <b>Westboro, Mo</b>
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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, ashenia, 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) <b>CORONARY OCCLUSION</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <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?
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22. I hereby certify that I attended the deceased from **5-1**, 19**51**, to **5-1**, 19**51**, that I last saw the deceased alive on **5-1**, 19**51**, and that death occurred at **10:40 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas F Fay MD</b>	23b. ADDRESS <b>Westboro Mo</b>	23c. DATE SIGNED <b>5-2-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May-4-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walden Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Atchison Co Mo</b>
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DATE REC'D BY LOCAL REG. <b>May 8, 1951</b>	REGISTRAR'S SIGNATURE <b>Maxim N. Schuck</b>	443	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert T. ...</b>	ADDRESS <b>Westboro, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1030  
1

JUL 17 1951

JUN 13 1952

FEB 10 1954

JUN 24 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.....

Ashley R Tucker #2

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ashley R Tucker

Licensed Embalmer No. 4757

P. O. Address Westboro, Missouri

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.