

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16052

BIRTH NO. 5-9-51 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 8329 Registrar's No. 30

1290
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY OR TOWN <u>Rural Rock Prairie</u>	c. LENGTH OF STAY (in this place) <u>65 yrs.</u>	c. CITY OR TOWN <u>Rural Rock Prairie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EVERTON #1</u>		d. STREET ADDRESS (If rural, give location) <u>EVERTON #1 0290</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>THOMAS</u>	c. (Last) <u>VAN PELT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 6, 1951</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>MARRIED 1</u>	8. DATE OF BIRTH <u>OCTOBER 18, 1885</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Days <u>6</u>	11. UNDER 2 HRS. Hours <u>18</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FORMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FORM</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William A. Van Pelt</u>	13b. MOTHER'S MAIDEN NAME <u>MARY JANE AXIN</u>	14. NAME OF HUSBAND OR WIFE <u>GRACE VAN PELT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>1</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GRACE VAN PELT, EVERTON, MO #1</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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, mod</u> DUE TO (c) <u>Repts Uleer</u>		
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>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 3-29, 1957, to 5-6, 1951, that I last saw the deceased alive on 4-24, 1951, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lee A. Mc. Neely M.D.</u>	23b. ADDRESS <u>Greenfield</u>	23c. DATE SIGNED <u>5-8-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-8-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LINKING CREEK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>DADE Co, Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-9-51</u>	REGISTRAR'S SIGNATURE <u>Res. L. Weir</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>99 1/2 Prim Funeral Service Res. Grove Mo.</u>
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DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED MAY 14 1951

Dist. File 551-9107

Date Filed 5-13-51

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 Warren D. Noble

Licensed Embalmer No. 4005

P. O. Address Cash Grove 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.