

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7728

FILED MAR 31 1952

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 26

0210
1

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

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>			2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>		c. LENGTH OF STAY (If this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u> <u>0210</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East 1st Street</u>			d. STREET ADDRESS (If rural, give location) <u>East 1st Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophie</u> b. (Middle) <u>Philomine</u> c. (Last) <u>Van Booven</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26-1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 3-1874</u>	9. AGE (In years last birthday) <u>77</u>	# UNDER 1 YEAR <u>10</u> Months <u>23</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Saline County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>August Nolke</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Lahof</u>	14. NAME OF HUSBAND OR WIFE <u>John Henry Van Booven</u>		
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>Edgar Van Booven</u> ADDRESS <u>Salisbury Mo.</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio renal insufficiency</u> DUE TO (c) <u>Diabetes mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>months</u> <u>6 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>			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?			
22. I hereby certify that I attended the deceased from <u>Jan 25, 1952</u> to <u>March 26, 1952</u> , that I last saw the deceased alive on <u>Mar 24, 1952</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. L. Richborn D.O.</u> (Degree or title)		23b. ADDRESS <u>Salisbury Mo.</u>		23c. DATE SIGNED <u>3/29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 28-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Saint Joseph Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>		
DATE REC'D BY LOCAL REG. <u>3/29/52</u>	REGISTRAR'S SIGNATURE <u>GW Hawkins</u> 55	25. FUNERAL DIRECTOR'S SIGNATURE <u>C B Winkelmeyer</u> ADDRESS <u>Salisbury Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1952

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury 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.