

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13804

State File No.

APR 21 1952

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 69

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| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>Hiway 63S.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway 63S</u> | | | |

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|-------------------------------------|---------------------------|----------------------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>RAYMOND</u> | b. (Middle) <u>GARRETT</u> | c. (Last) <u>VANBOOVEN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1952</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</u> | 8. DATE OF BIRTH <u>Feb. 17, 1909</u> | 9. AGE (In years last birthday) <u>43</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Geological Survey</u> | 11. BIRTHPLACE (State or foreign country) <u>Rhineland, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>Henry F. Van Booven</u> | 13b. MOTHER'S MAIDEN NAME <u>Verena Strattman</u> | 14. NAME OF HUSBAND OR WIFE <u>Angela Kuklman VanBooven</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>494-03-6243</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Angela VanBooven, Hiway 63S. Rolla, Mo.</u> | ADDRESS _____ |
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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, asthenia, 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>Coronary Artery Disease</u> | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <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) <u>Rolla, Mo.</u> |
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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 4-6, 1952, to 4-6, 1952, that I last saw the deceased alive on 4-6, 1952, and that death occurred at 11:15Pm., from the causes and on the date stated above.

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|---|--------------------------------|--------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | 23b. ADDRESS <u>Rolla, Mo.</u> | 23c. DATE SIGNED <u>4-8-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Apr. 9, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Rolla</u> | 24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Apr. 8, 1952</u> | REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>1100 Elm, Rolla, Mo.</u> |
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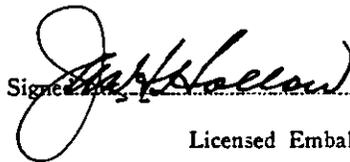
STATEMENT BY LICENSED EMBALMER

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

Signature 

Licensed Embalmer No. 3643

P. O. Address Rolla, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.