

Reg. #102430

JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1583

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY CROCKER PULASKI	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN JEFFERSON BARRACKS, MO.)		c. LENGTH OF STAY (In this place) 18 days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CROCKER, MO.		d. STREET ADDRESS (If rural, give location) RURAL	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			

3. NAME OF DECEASED (Type or Print)	a. (First) JACOB	b. (Middle) A.	c. (Last) VAN LOON	4. DATE OF DEATH (Month) JUNE 15, (Day) 1952 (Year)
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-27-87	9. AGE (In years last birthday) 64	# UNDER 1 YEAR Months	# UNDER 1 HOUR Hours	# UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and State or Foreign Country) Crocker, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Van Loon	13b. MOTHER'S MAIDEN NAME Elizabeth Roberts	14. NAME OF HUSBAND OR WIFE Mary J. Van Loon
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-1	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., MO.	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION	DUE TO (b) ARTERIOSCLEROTIC CORONARY DISEASE		10 MOS.
ANTECEDENT CAUSES	DUE TO (c) DIARRHEA		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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 4201	20. AUTOPSY? YES <input checked="" 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) VA	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 5-28-52, 19 , to 6-15-52, 19 , and that death occurred at 1:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. A. HUCKSTEP R.A. Huckstep, M.D.	23b. ADDRESS VA HOSPITAL, JEFF. BRKS., MO.	23c. DATE SIGNED 6-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-17-52	24c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery	24d. LOCATION (City, town, or county) (State) Crocker, Missouri
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DATE REC'D BY LOCAL REG. 6-15-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE Decker & Hedges	ADDRESS Crocker, Mo.
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(Licensed Embalmer's Statement on Form 520) **sw** *Herbert R. Donke, Crocker, Mo.*

No. 300 10-45
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Licensed Embalmer No. 7532

P. O. Address Illinois M

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.