

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

397

State File No.

FILED JAN 12 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 9

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u> | |
| c. LENGTH OF STAY (In this place) <u>5 years</u> | | d. STREET ADDRESS (If rural, give location) <u>2929 Renick</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2929 Renick</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u> b. (Middle) <u>D.</u> c. (Last) <u>Van Horn</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 1, 1953</u> | | |
| 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>July 13, 1907</u> | | | 9. AGE (In years last birthday) <u>45</u> | | IF UNDER 1 YEAR Months Days |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rehabilitation Counselor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>State Education</u> | | 11. BIRTHPLACE (State or foreign country) <u>Dept. Meadville, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
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| 13a. FATHER'S NAME <u>Jasper C. VanHorn</u> | | 13b. MOTHER'S MAIDEN NAME <u>Olive Hamilton</u> | | 14. NAME OF HUSBAND OR WIFE <u>Beulah</u> | |
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| 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>498-24-8521</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Beulah Van Horn, 2929 Renick, St Joseph, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u> | | |
| | DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> | | |

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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) | |
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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 July, 1951, to Dec, 1952, that I last saw the deceased alive on 12/26, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

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| 23. SIGNATURE (Degree or title) <u>[Signature]</u> | | 23b. ADDRESS <u>902 Edmund, City</u> | | 23c. DATE SIGNED <u>1/2/53</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>1/3/1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Meadville Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Meadville, Missouri</u> | |
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| DATE REC'D BY LOCAL REG. <u>Jan 8, 1953</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] 441 Weston-Bowman Funeral Home - St. Joseph, Mo</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

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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

Signed James P. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 So 10th St. Jones

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.