

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10982

State File No.

FILED ^{with} MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5969 Registrar's No. 315

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>Dunnegan (Campbell Twp)</u>	c. LENGTH OF STAY (in this place) <u>2 Months</u>	c. CITY OR TOWN <u>Dunnegan (Campbell Twp)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Miles East of Dunnegan</u>		d. STREET ADDRESS (If rural, give location) <u>6 Miles East of Dunnegan</u>	

3. NAME OF DECEASED (Type or Print) <u>Edna</u>	a. (First)	b. (Middle) <u>May</u>	c. (Last) <u>Van Guilder</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 3 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 16 1888</u>	9. AGE (in years) last birthday: <u>64</u> Months: <u>6</u> Days: <u>18</u>	IF UNDER 1 YEAR: Hours: _____ Mins: _____	IF UNDER 24 HRS. Hours: _____ Mins: _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City, and State or Foreign Country) <u>Pileh Point, Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ed Baller</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Hartline</u>	14. NAME OF HUSBAND OR WIFE <u>William Van Guilder</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Van Guilder</u>	ADDRESS <u>Dunnegan 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Passive Congestion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>10 years</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) _____		
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 _____	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>447 X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 June, 1947, to Mar 3, 1953, that I last saw the deceased alive on Mar 2, 1953, and that death occurred at 9:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Barnett M.D.</u>	(Degree or title)	23b. ADDRESS <u>Bolivar Mo</u>	23c. DATE SIGNED <u>3-7-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 7 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dunnegan Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dunnegan Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 14 1953</u>	REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jewell E. Green & Blue</u>	ADDRESS <u>Bolivar Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 27 1953

MAR 26 1953

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 Chy Jester

Licensed Embalmer No. 4154

P. O. Address Bellevue, 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.