

FILED JUN 30 1953

STANDARD CERTIFICATE OF DEATH

State File No. 22205

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 REGISTRAR'S NO. 230

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Pennsylvania	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norristown	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If rural, give location) 1952 Juniata Rd	
3. NAME OF DECEASED (Type or Print) a. (First) Frederika		b. (Middle) Van der Meer	
c. (Last) Meer		4. DATE OF DEATH (Month) (Day) (Year) June 22 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 2, 1913
9. AGE (In years last birthday) 39		10. MONTHS 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Holland		12. CITIZEN OF WHAT COUNTRY? 4	
13a. FATHER'S NAME Germd Henderest		13b. MOTHER'S MAIDEN NAME Stientje Venema	
14. NAME OF HUSBAND OR WIFE Dr Herman Van der Meer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Dr Herman Van der Meer	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic Laceration Pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Laceration Adrenals DUE TO (c) Hemato peritoneum II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Contusion Lungs + Brains	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT SUICIDE HOMICIDE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 36	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 2 1/2 mi E of Junction 36 + 15 Shelby Mo.	
21d. TIME OF INJURY 6-21-53 5:40	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:40 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Richard M. Strong M.D.		23b. ADDRESS 115 N. 5th St	
23c. DATE SIGNED 6-22-53		24. LOCATION (City, town, or county) (State) St. Louis Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 6/23/53	24c. NAME OF CEMETERY OR CREMATORY Oak Grove	
DATE REC'D BY LOCAL REG. 6/22/53		REGISTRAR'S SIGNATURE N.E. M. Lucke Deputy	
FEDERAL DIRECTOR'S SIGNATURE Hannibal Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 29 1953
MARION CO. HEALTH DEPT.
DATE FILED JUN 29 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 _____

John A. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.