

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5854 State File No. 12826
Registrar's No. 1062

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4284		Registrar's No. 1062	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY OR TOWN <u>Pickering - rural</u>		c. LENGTH OF STAY (in this place) <u>5 mo.</u>		c. CITY OR TOWN <u>Conception Jet, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0740</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>		b. (Middle) <u>Van Voorhees</u>		c. (Last) <u>Van Voorhees</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-22-1954</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>9-26-1870</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Trucking - farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking -</u>		11. BIRTHPLACE (State or foreign country) <u>Michigan</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Pauline Van Voorhees</u>				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>Dennis M. Gary - Pickering - Mo.</u>				18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH <u>5 YRS.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIO-VASCULAR-RENAL DISEASE</u>				II. OTHER SIGNIFICANT CONDITIONS		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____			
Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>MAY 10</u> , 19 <u>49</u> , to <u>APRIL 9</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>DEC. 12</u> , 19 <u>53</u> , and that death occurred at <u>10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul J. K. duval M.D.</u>				23b. ADDRESS <u>Conception Jet, Mo</u>		23c. DATE SIGNED <u>4/20/54</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-24-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Columba</u>		24d. LOCATION (City, town, or county) (State) <u>Conception Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-24-54</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mary Miller</u>		ADDRESS <u>770.</u>	

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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *G M Althouse*

Licensed Embalmer No. *2279*

P. O. Address *Maryville, 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.)

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