

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23828

FILED AUG 2 - 1954

523 State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 246-56 PRIMARY REG. DIST. NO. 2001 Registrar's No. 8

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

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>RURAL—SHOAL CREEK</b>		c. CITY RURAL—SHOAL OR TOWN <b>CREEK TWP</b>	d. Is Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>YEARS</b>		e. STREET ADDRESS (If rural, give location) <b>RT. 2, SENECA, MISSOURI</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>RT. 2, SENECA, MO.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>		b. (Middle) <b>PERRIN</b>	
c. (Last) <b>VAN ZANT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 16, 1954</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 3, 1887</b>
9. AGE (In years, last birthday) <b>66</b>		10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GENERAL CONTRACTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CONTRACTING</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>DONATHAN, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES VAN ZANT</b>		13b. MOTHER'S MAIDEN NAME <b>RHODA STITES</b>	
14. NAME OF HUSBAND OR WIFE <b>MRS. EVA VAN ZANT</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>UNK</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>MRS. EVA VAN ZANT, RT. 2, SENECA, MO.</b>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
ANTECEDENT CAUSES <b>Branchiogenic Cancer</b>		<b>6 months</b>	
DUE TO (b) <b>Primary lung</b>		<b>1 month</b>	
DUE TO (c) <b>Metastatic To Liver</b>			
II. OTHER SIGNIFICANT CONDITIONS <b>Metastatic To Liver</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>162x</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 <b>April 15, 1954</b> , to <b>July 16, 1954</b> , that I last saw the deceased alive on <b>July 16, 1954</b> , and that death occurred at <b>11:20 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>1506 1/2 Main Joplin Mo.</b>	
(Degree or title) <b>2</b>		23c. DATE SIGNED <b>7-16-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-19-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>FOREST PARK CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>7-20-54</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>STEVE PARKER MORTUARY</b>		ADDRESS <b>JOPLIN, MO.</b>	

**RECEIVED**

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 754-156

Date Filed JUL 30 1954

NEOSHO, MISSOURI

AUG 4

AUG 11

MAY 24 1958

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2312

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.