

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15220**BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 427

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 4 years		c. CITY OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1134 E. Normal		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS 1134 E. Normal		(If rural, give location) 0396			

3. NAME OF DECEASED (Type or Print) Kepler		a. (First)		b. (Middle)		c. (Last) Van Evera		4. DATE OF DEATH (Month) (Day) (Year) May 15, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 9, 1883		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Missionary		11. BIRTHPLACE (City and State or Foreign Country) Davenport, Iowa		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Charles Van Evera		13b. MOTHER'S MAIDEN NAME Henrietta Kepler		14. NAME OF HUSBAND OR WIFE Pauline Van Evera	
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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)		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pauline VanEvera, Springfield,		ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION MO.				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary		ANTECEDENT CAUSES insufficiency				sudden immediate	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) (on a basis)					
		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 None		19b. MAJOR FINDINGS OF OPERATION None				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)	
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 None previously, to None previously, 1955, that I last saw the deceased alive on arrival, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE Chas E Lockhart MD		(Degree or title)		23b. ADDRESS Springfield Mo		23c. DATE SIGNED 5/16/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24b. DATE May 16, 1955		24c. NAME OF CEMETERY OR CREMATORY Newcomer's		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 5-17-55		REGISTRAR'S SIGNATURE Edith Williamson		25. GENERAL DIRECTOR'S SIGNATURE Bernard Schaff		ADDRESS Springfield, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *L. A. Gorn*.....

Licensed Embalmer No.

P. O. Address *Brugg*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.