

FILED OCT 8 1955		STANDARD CERTIFICATE OF DEATH		State File No. 30267	
BIRTH NO.		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3047	
				Registrar's No. 95	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>	c. CITY OR TOWN <u>Neosho</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hosp</u>			e. STREET ADDRESS (If rural, give location) <u>Rt 1, Neosho</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellis</u> b. (Middle) <u>Gilbert</u> c. (Last) <u>Van Dorn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15, 1955</u>		
5. SEX <u>M</u>	6. COLOR (OR RACE) <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid</u>	8. DATE OF BIRTH <u>Nov. 10, 1870</u>	9. AGE (In years last birthday) <u>85</u>	If under 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Van Dorn</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Wiley</u>		14. NAME OF HUSBAND OR WIFE <u>Allie</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>Ralph Van Dorn, Jr.</u> ADDRESS <u>Rt. 1, Neosho Mo.</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Brain injury</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
			II. ANTECEDENT CAUSES DUE TO (b) <u>NONE</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
			DUE TO (c)		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>812A 95</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>NEOSHO</u> (COUNTY) <u>NEWTON</u> (STATE) <u>MO</u>		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>SEPT 12 55 6:30AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>STRUCK BY AUTO ON STREET</u>		
22. I hereby certify that I attended the deceased from <u>10 SEPT, 1955</u> , to <u>15 SEPT, 1955</u> , that I last saw the deceased alive on <u>15 SEPT, 1955</u> , and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. J. Taylor M.D.</u>			23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>10/3/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-18-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burkhardt Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Racine, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/3/55</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Bidwell</u> ADDRESS <u>Seneca Mo</u>	

RECEIVED

District
District
Date Filed

NEWTON COUNTY HEALTH UNIT

OCT 7 1955

NEOSHO, MISSOURI

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 *W E Bidle*

Licensed Embalmer No. *217*

P. O. Address *Seneca*

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.