No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19469

State File No.

FILED JUL 3 1956

BIRTH NO. REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fairfax
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fairfax Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Atchison
c. CITY OR TOWN Rock Port Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 0020

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) John
c. (Last) Van Meter

4. DATE OF DEATH (Month) (Day) (Year) June 26 - 1956

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH March 5 - 1867
9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 3 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Rock Port Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John Van meter
13b. MOTHER'S MAIDEN NAME Ethalinda (unknown)
14. NAME OF HUSBAND OR WIFE Anna Marie Van meter deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — 4 years

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
19b. MAJOR FINDINGS OF OPERATION 4200
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* June 26, 1956, *that I last saw the deceased alive on* June 26, 1956, *and that death occurred at* 10:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Wallace Carpenter (Degree or title) MD
23b. ADDRESS Rock Port Mo
23c. DATE SIGNED 6-27-56

24a. BURIAL, CREMATION, REMOVAL (Specify) buried
24b. DATE June 30/56
24c. NAME OF CEMETERY OR CREMATORY Grange Hall Cemetery
24d. LOCATION (City, town, or county) (State) N.E. Rock Port Mo

DATE REC'D BY LOCAL REG June 30, 1956
REGISTRAR'S SIGNATURE Therwin A Schaeler
25. FUNERAL DIRECTOR'S SIGNATURE Bertram Funeral Home
ADDRESS Rock Port Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...G. E. Bertram.....

Licensed Embalmer No..174.

P. O. Address Rock Port.....

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