

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27947

FILED AUG 27 1956

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 222

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

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton		
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (in this place) 4 1/2 hrs	c. CITY (If outside corporate limits, write RURAL and give township) Rural Salisbury 210		d. STREET ADDRESS (If rural, give location) 1 mile North of Salisbury
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick Hospital			4. DATE OF DEATH (Month) (Day) (Year) Aug. 9 1956		
3. NAME OF DECEASED (Type or Print) a. (First) Odie		b. (Middle) —	c. (Last) Van PELT		5. SEX Female
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 19 1886		9. AGE (In years last birthday) Months Days 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home Farm	11. BIRTHPLACE (City and State or Foreign Country) Chariton County Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Beuse Richardson		13b. MOTHER'S MAIDEN NAME Martha Jane Conrad		14. NAME OF HUSBAND OR WIFE Fay Norris Van Pelt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Martha Fellows Salisbury Mo		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS					INTERVAL BETWEEN ONSET AND DEATH 2 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis Chronic					Unknown
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 4201			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) (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 8-9 , 1956, to 8-9 , 1956, that I last saw the deceased alive on 8-9 , 1956, and that death occurred at 4:50 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Clara J. Jolly			23b. ADDRESS 2203 1/2 N. Clark Moberly Mo		23c. DATE SIGNED 8-10-56
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-12-1956	24c. NAME OF CEMETERY OR CREMATORY Clifton Hill Cemetery	24d. LOCATION (City, town, or county) (State) Clifton Hill Missouri	
DATE REC'D BY LOCAL REG. 8/19-56		REGISTRAR'S SIGNATURE Leah Rowland		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas B Winhelmeys Salisbury Mo.	

AUG 31 1931

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 _____
Student Embalmer

Signed Chas B Winkehneger

Licensed Embalmer No. 3842

P. O. Address Salisbury 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.)

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