

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **2384**

No. 300
10-48

FILED FEB 4 1957

BIRTH NO. _____		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 6005		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Ralls				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Frankford SPENLER TWP 3840		c. LENGTH OF STAY (in this place) 3840		c. CITY OR TOWN Frankford		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ Mo			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				STREET ADDRESS (If rural, give location) Rural - North SPENLER TWP					
3. NAME OF DECEASED (Type or Print) a. (First) IRL		b. (Middle) R		c. (Last) VAN NESS		4. DATE OF DEATH (Month) (Day) (Year) JAN. 29 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 6 1886			
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) 0 FRANKFORD, Mo			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM VAN NESS		13b. MOTHER'S MAIDEN NAME EDITH HADEN		14. NAME OF HUSBAND OR WIFE FRANCES VAN NESS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 497-42-1251		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS Everett Van Ness Columbia 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer, Stomach ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X				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) (Min.)		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 June 1957 to Jan 29, 1957 that I last saw the deceased alive on Jan 29, 1957 and that death occurred at 4:10 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) E. P. Hansen		23b. ADDRESS Do-2 Frankford		23c. DATE SIGNED 1/30/57					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 31-57		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM.		24d. LOCATION (City, town, or county) (State) FRANKFORD, MISSOURI			
DATE REC'D BY LOCAL REG. 1/31/57		REGISTRAR'S SIGNATURE Clyde Wilkey		25. FUNERAL DIRECTOR'S SIGNATURE Fuller Nelson ADDRESS Frankford Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

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

Lore Fickler Megawon

Licensed Embalmer No. *4093*

P. O. Address *Frankford*

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.