THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

43324-56

STATE FILE NUMBER 6712

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1013

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Glennon Hospital — Length of stay in lb 39

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery
c. CITY OR TOWN Americus 0700 0 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 31 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First SHEILA Middle MARIE Last VAN BOOVEN

4. DATE OF DEATH Month 1-29-57 Day Year

5. SEX female 1

6. COLOR OR RACE white

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ 0

8. DATE OF BIRTH 6-2-1956

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 7 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Gene VanBooven

14. MOTHER'S MAIDEN NAME Irene Eldringhoff

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. none

17. INFORMANT Address Gene VanBooven, Americus, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) metastasis tumor of spinal cord. — INTERVAL BETWEEN ONSET AND DEATH congenital

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 193x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-2-56, to 1-29-57 and last saw her alive on 1-29-57
Death occurred at 7:45 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chester P. Lynxwiler M.D. 0

22b. ADDRESS 3209 S. Grand.

22c. DATE SIGNED 1-31-57

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 1-30-57

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State) Americus, Mo.

24. FUNERAL DIRECTOR ADDRESS Baker, Americus, Mo.

25. DATE RECD. BY LOCAL REG. JAN 31 '57

26. REGISTRAR'S SIGNATURE Jesse Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. V. E. Morris

Licensed Embalmer No. 3

P. O. Address St Loui

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.