

Health, & Welfare Public Service

FILED SEP 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31479

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 904

300
1-57

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede		
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Verona		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's		Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location) Gen. Del.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Christine Middle J Last Probsfield			4. DATE OF DEATH Month 9 Day 16 Year 57		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/24/1887	9. AGE (In years at birthday) 70	F UNDER 1 YEAR Months 7 Days 0
IF UNDER 24 HRS. Hours 0 Min. 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and state or country) Wis.	12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME John VanHatten		13b. MOTHER'S MAIDEN NAME Frances Lawrence		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Y, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT Address Mrs. Robert McMerney, Verona, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage + Edema					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Contusion	DUE TO (c) 9035			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 44					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell on concrete side walk, found by son				
20c. TIME OF INJURY Hour 9 Month 16 Day 57 a.m. 57 p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) near home	20f. CITY, TOWN, OR LOCATION Verona	COUNTY Mo.	STATE Mo.	
21. I attended this person from 9-16-57 to 9-16-57 and last saw her alive on 9-16-57 Death occurred at St. John's Hospital on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John P. Keang			22b. ADDRESS 1636 S. Gleustone Springfield, Mo.		22c. DATE SIGNED 9-18-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/19/57	23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		23d. LOCATION (City, town, or county) (State) Verona, Missouri.	
24. FUNERAL DIRECTOR O. L. Marsh,		ADDRESS Aurora, Missouri.	25. DATE RECD. BY LOCAL REG. 9-18-57	26. REGISTRAR'S SIGNATURE Edith Williamson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *[Signature]*, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 3812

P. O. Address Ames, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.