Health, & Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. W. VAN WYNGARDEN - 19

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031627
STATE FILE NUMBER

FILED OCT 2 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 197

1. PLACE OF DEATH
a. COUNTY Audrain.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico, Missouri. Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Audrain Co. Hospital. Length of stay in 1b 3 Wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY Monroe
c. CITY OR TOWN Stoutsville, Mo. R.F.D. 0690 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Jefferson Township. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First PEARL Middle MAY Last CALHOUN.
4. DATE OF DEATH Month Day Year Sept 18, 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 13, 1899
9. AGE (In years last birthday) 68
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Monroe Co. Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Abe Landis.
14. MOTHER'S MAIDEN NAME Ida Hinkle.
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 Almer R. Calhoun Address Stoutsville, 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) Homorrhagic Nephritis
INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Heart disease
DUE TO (c) Pernicious Anemia & Diabetes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 260X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 Sept 2 58 to Sept 18 58 and last saw her alive on Sept 18 58
Death occurred at 9:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) R. W. Van Wyngarden
22b. ADDRESS Mexico, Missouri.
22c. DATE SIGNED 9-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-20-58
23c. NAME OF CEMETERY OR CREMATORY Plesant View Cemetery.
23d. LOCATION (City, town, or county) (State) Monroe Co. Missouri.

24. FUNERAL DIRECTOR Clyde C. Wiesey ADDRESS Perry, Mo.
25. DATE RECD. BY LOCAL REG. Sept 20 1958
26. REGISTRAR'S SIGNATURE Blanche Neely

(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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..3820

P. O. Address.....Perry, Mo

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