

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032394
State File No.

FILED OCT 14 1958

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 958

1. PLACE OF DEATH a. COUNTY <u>Greene</u> Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Walnut Grove</u> ⁰³⁹⁰	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>RR 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>CITY HOSPITAL HANDLEY HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u>	b. (Middle) <u>Eiden</u>	c. (Last) <u>VAN DORN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 5 - 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 16 - 1867</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 MINS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MILL OPERATOR</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>VEDERBURG, INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Fred Van Dorn</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth McMillen</u>	14. NAME OF HUSBAND OR WIFE <u>Flora Van Dorn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>703-05-0033</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Flora Van Dorn</u>	ADDRESS <u>R. 2 Walnut Grove</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes</u>		
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	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>260X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 30, 1958, to Oct 5, 1958, that I last saw the deceased alive on Oct 5, 1958, and that death occurred at 7:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Luman D. Brown M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>311 1/2 College Springfield, Mo.</u>	23c. DATE SIGNED <u>10/6/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct 8 - 1958</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Greenlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Walnut Grove - Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-9-58</u>	REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brim - Daniel - Walnut Grove - Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 12 1958

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 _____

Doyle L. Daniel
Licensed Embalmer No. *4702*

P. O. Address *Ash Grove - 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.