URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 28 1959

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 309 ~~3052~~

59-033286
STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sedalia
Length of stay in 1b: lifetime in county
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Route 3, Dresden
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 3, Dresden
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DONA Middle VAN Last NATTA
4. DATE OF DEATH: Month September Day 24 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Dec. 24, 1870
9. AGE (last birthday): 89
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home making
11. BIRTHPLACE (City and state or country): Pettis County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jeff DeJarnette
13b. MOTHER'S MAIDEN NAME: Sue
14. NAME OF HUSBAND OR WIFE: John Van Natta
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ~~xxxxxx~~
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Frank Van Natta, Rt. 3, Sedalia, 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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ✓
DUE TO (c): ✓
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chr Valvular disease
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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: Dresden COUNTY: Pettis STATE: Mo.
21. I attended the deceased from Sept 20-59 to Sept 24-59 and last saw her ~~him~~ alive on Sept 24-59
Death occurred at 8:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: D. W. Grove (Degree or title) M.D.
22b. ADDRESS: Knob Noster Mo
22c. DATE SIGNED: 9-25-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/27/59
23c. NAME OF CEMETERY OR CREMATORY: Potts Cemetery
23d. LOCATION (City, town, or county) (State): Rural Pettis County, Mo.
24. FUNERAL DIRECTOR: Shane Coons ADDRESS: Sedalia, Mo.
25. DATE RECD BY LOCAL REG.: 9-26-59
26. REGISTRAR'S SIGNATURE: Frances Shelby

(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 embalmed by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed R. E. Baker

Signature of Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Sedalia M

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.