JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–034988
STATE FILE NUMBER

FILED VS OCT 13 1959

NDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 164

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington Township — Length of stay in 1b: 22 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital No. 3 (NEVADA) — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1730 Sergeant — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Clarence Middle: Rollo Last: Van Natta
4. DATE OF DEATH: Month: October Day: 2 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-9-1902
9. AGE (last birthday): 57 — 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): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: CAMPBELL 66 EXPRESS
11. BIRTHPLACE (City and state or country): Pike County, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Hugh Van Natta
13b. MOTHER'S MAIDEN NAME: Sylvina Toland
14. NAME OF HUSBAND OR WIFE: Ora B. Van Natta
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 491-01-9321 HA
17. INFORMANT: Records-State Hospital #3, Nevada, Mo. — Address

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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — Years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 COUNTY STATE ----------

21. I attended the deceased from Sept 10, 1959, to Oct 2, 1959 and last saw him alive on Oct. 2, 1959
Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leslie H. Wright M.D.
22b. ADDRESS: State Hospital No. 3 Nevada, Missouri
22c. DATE SIGNED: 10-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10-6-59
23c. NAME OF CEMETERY OR CREMATORY: OZARK MEMORIAL PARK,
23d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG.: 10-6-1959
26. REGISTRAR'S SIGNATURE: Anna E. Terry

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 14 1959

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed F. M. Jones
Signature of Student Embalmer

Licensed Embalmer No. 2 3 19

P. O. Address Joplin Mo

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