

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041528

U VS NOV 30 1960

Registration District No. 114 Primary Registration District No. 5432 Registrar's No. 44

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE MISSOURI b. COUNTY FRANKLIN					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MERAMEC		Length of stay in 1b 18 YRS.		c. CITY OR TOWN SULLIVAN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R.2 HI-WAY JJ			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R.2 HI-WAY JJ		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOE Middle PAUL Last VANDEREN				4. DATE OF DEATH Month NOV. Day 26 Year 1960					
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/26/1900		9. AGE (last birthday) 60 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER & OPERATOR			10b. KIND OF BUSINESS OR INDUSTRY NURSING HOME		11. BIRTHPLACE (City and state or country) DENISON, TEXAS		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JAMES A. VAN DEREN			13b. MOTHER'S MAIDEN NAME MARY E. GRIFFITH			14. NAME OF HUSBAND OR WIFE RUTH WILLIAMS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.I.			16. SOCIAL SECURITY NO. 466-20-2206		17. INFORMANT FRED VAN DEREN SULLIVAN, Mo. Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing injury to chest & multiple fractures of ribs & sternum 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) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH minutes		
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 #8.) Tractor tipped over on family farm					
20c. TIME OF INJURY Hour 8:30 a.m. Month, Day, Year NOV 26 1960		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 Stanton Franklin Mo.			
21. I attended the deceased from 1950 to 1960 and last saw him ^{her} alive on Death occurred at 8:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) John J de la Torre M.D. Surgeon, Mo.				22b. ADDRESS Sullivan Mo.				22c. DATE SIGNED 11/28/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV. 28, 1960		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. MEMORIAL CEM		23d. LOCATION (City, town, or county) SULLIVAN Mo.			
24. FUNERAL DIRECTOR H.M. EATON SULLIVAN, Mo.				25. DATE RECD. BY LOCAL REG. 11/28/60		26. REGISTRAR'S SIGNATURE Harmon W. Eaton			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Winston W. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan

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