

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JAN 9 1967

-60-047068
 STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 259

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rolla		c. CITY OR TOWN Rolla	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co. Memorial Hosp.		Length of stay in lb 9 hrs.	d. STREET ADDRESS (If outside, give location) 225 Nagogami Terrace
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Tanya Lynn Middle Van Last DOREN			4. DATE OF DEATH Month Dec. Day 31 Year 1960		
--	--	--	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/31/1960	9. AGE (last birthday) 9	IF UNDER 1 YEAR Months 9 Days 9	IF UNDER 24 HR Hours 9 Min. 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Rolla, Mo.	11. BIRTHPLACE (City and state or country) Rolla, Mo.		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Thomas P. Van Doren	13b. MOTHER'S MAIDEN NAME Lana Seidling	14. NAME OF HUSBAND OR WIFE none
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Thomas P. Van Doren	Address Rolla, Mo.
---	--	---	------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute respiratory failure		9 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) extreme immaturity of infant (prematurity only) 5th Mo. gestation	-
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Abruptio placentae	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
--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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 18.)
20c. TIME OF INJURY Hour 9:40 a.m. A.M. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) USA.M.	20f. CITY, TOWN, OR LOCATION Rolla, Mo.	COUNTY Phelps	STATE Mo.
--	---	---	-------------------------	---------------------

21. I attended the deceased from **birth 12-31-60** to **9:40 A.M. 12-31-60** and last saw her/him alive on **12-31-60**
 Death occurred at **9:40 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Barbara E. Russell, M.D.	22b. ADDRESS 1145 S. Beal St., Rolla, Mo.	22c. DATE SIGNED 12-31-60
---	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/31/1960	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens	23d. LOCATION (City, town, or county) (State) Rolla, Mo.
--	--------------------------------	---	--

24. FUNERAL DIRECTOR Carl J. Glenn West 10th, Rolla, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Dec. 31, 1960	26. REGISTRAR'S SIGNATURE Nadene L. Stoll
--	---------	--	---

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Not embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 470

P. O. Address Rulley M

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