

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026861

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 326 Primary Registration District No. 44 93 Registrar's No. 138

STATE FILE NUMBER

FILED JUL 1 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0990

2 0990

3

4 0

5 1

6

7 0

8 0

9 9776X

10

11

12 70-2

13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

4-3-64
Railroad Employee work on Section

1 Pa Station Agent

DOCUMENT

BY AFFIDAVIT OF General Director

1. PLACE OF DEATH a. COUNTY Scotland		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scotland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rutledge		c. CITY OR TOWN Rutledge	
Length of stay in 1b 10 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input 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) HARRY NICHOLAS VAN DER Aa		4. DATE OF DEATH June 22 1963	
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 8-24-1893
9. AGE (last birthday) 69		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) rail road employee		10b. KIND OF BUSINESS OR INDUSTRY Station Agent work on Section	11. BIRTHPLACE (City and state or country) Norborne, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Peter Van Der Aa	
13b. MOTHER'S MAIDEN NAME Lucy Hill		14. NAME OF HUSBAND OR WIFE Gladys Mueller Van Der Aa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give year or dates of service) yes W. W. # 1		17. INFORMANT Address Gladys Van Der Aa Rutledge, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rifle shot in forehead penetrating the brain. DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Sudden
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 Month, Day, Year			
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.)	20f. CITY, TOWN, OR LOCATION Rutledge,	COUNTY SCOTLAND. STATE MO
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at approximately 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. M. Seiler, Jr., Coroner of Scotland County		22b. ADDRESS Goin Mo	22c. DATE SIGNED 6/22/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-26-1963	23c. NAME OF CEMETERY OR CREMATORY National	23d. LOCATION (City, town, or county) Keokuk Iowa
24. FUNERAL DIRECTOR H. Wayne & Sons Memphis Mo	25. DATE RECD. BY LOCAL REG. 6-25-63	26. REGISTRAR'S SIGNATURE Vera D. Pummer	

USE BLACK INK OR TYPEWRITER RIBBON

10-11300-2713



JUL 2 1963

JUL 3 1963

JUL 2 1963

JUL 2 1963

APR 3 1964

AUG 9 1963

4-3-64

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 P. E. PAYNE Student Embalmer No. 701

working under my personal supervision.

Student *P. E. Payne*
Signature of Student Embalmer

Signed *Neal Payne*

Licensed Embalmer No. 2550

P. O. Address Memphis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.