

5. No. 300
V. 10. 48

FILED MAR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8153

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4202 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPICKARD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPICKARD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>MOSES</u> c. (Last) <u>VANDERPOOL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 9 1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOV-17-1867</u>	
9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>22</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MERCER CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES K. VANDERPOOL</u>		13b. MOTHER'S MAIDEN NAME <u>MELISA YOUNG</u>	
14. NAME OF HUSBAND OR WIFE <u>ABBIGAIL VANDERPOOL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Robert Wilson Spickard</u>		ADDRESS <u>Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronch pneumonia with suffrage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4801</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Feb 7</u> , 1949, to <u>Feb 9</u> , 1949, that I last saw the deceased alive on <u>Mar 9</u> , 1949, and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. W. Ennis M.D.</u>		23b. ADDRESS <u>Spickard Mo</u>	
23c. DATE SIGNED <u>3-10-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR-11-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>BROOK CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SPICKARD MO.</u>	
DATE REC'D BY LOCAL REG. <u>March 12, 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nathan Cooper</u> 114	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Schooler Funeral Home Spickard Mo.</u>		ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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.

Signed Ross Wise.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3771.....

P. O. Address Spickard 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 this body is not embalmed, fact should be so stated above.