

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 539

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 0273 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <i>Christian</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <i>Missouri</i> b. COUNTY <i>Christian</i>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <i>Rural Porter</i> )	c. LENGTH OF STAY (in this place) <i>Lifetime</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Porter</i>	0220
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Rt. 1, Nixa, Mo.</i>		d. STREET ADDRESS (If rural, give location) <i>Rt. 1, Nixa, Missouri.</i>	
3. NAME OF DECEASED a. (First) <i>Chester Lee</i> b. (Middle) _____ c. (Last) <i>Vanderpool</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 9-1950</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec. 7, 1916</i>
9. AGE (In years) <i>33-1</i> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (State or foreign country) <i>Elkranch, Ark. /</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. <i>Richard Lee Henry Vanderpool</i>		13b. MOTHER'S MAIDEN NAME <i>Nellie Jane Hickman</i>	14. NAME OF HUSBAND OR WIFE <i>Vontreba Vanderpool</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes; 2nd World War</i>		16. SOCIAL SECURITY NO. <i>499-07-1158</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Vontreba Vanderpool, Rt. 1 Nixa, Mo.</i>
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) <i>Coronary Thrombosis</i> 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.	
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.) <i>Garage</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Porter Township, Christian, Mo.</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>T. B. Chaffin, Coroner</i> (Degree or title)		23b. ADDRESS <i>Ozark, Mo.</i>	23c. DATE SIGNED <i>1-11-1950</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1-11-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Springfield, Mo.</i>
DATE REC'D BY LOCAL REG. <i>1-11-1950</i>	REGISTRAR'S SIGNATURE <i>Allen</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>T. B. Chaffin</i> ADDRESS <i>Springfield, Mo.</i>	

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

JAN 24 1950

RECEIVED  
District Health Office No. 6,  
District File Number 150-92  
Date Filed 1-19-50

FEB 17 1950

**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 T. B. Chaffin.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark 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.