

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24388

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3056		Registrar's No. 158	
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		c. LENGTH OF STAY (in this place) <b>2 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		1883	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Whitaker Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Johnson Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maurice</b>		b. (Middle)		c. (Last) <b>Vanderbeck</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 28, 1950</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Dec. 13, 1891</b>		9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>15</b>	IF UNDER 24 HRS. Hours <b>15</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>coal miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>coal mining</b>		11. BIRTHPLACE (State or foreign country) <b>Ardmore, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Victor Vanderbeck</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Brocale</b>		14. NAME OF HUSBAND OR WIFE <b>Gwendolyn Vanderbeck</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Victor Vanderbeck, Jr.; Huntsville</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Ruptured gastric ulcer (probably)</b> DUE TO (c) <b>ulcer (probably)</b>  II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  <b>5400</b>
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 <b>6-26-50</b> , 19___, to <b>6-28-50</b> , 19___, that I last saw the deceased alive on <b>6-28-50</b> , 19___, and that death occurred at <b>7:15 am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. T. Whitaker</b> (Degree or title)				23b. ADDRESS <b>Moberly, Mo.</b>		23c. DATE SIGNED <b>6-29-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>7-2-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Huntsville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Huntsville, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>7-2-50</b>		REGISTRAR'S SIGNATURE <b>Leah Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Tom B. Patton Huntsville</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 11 1950  
District Health Officer No. 10  
District File Number 7-50-1099  
Date Filed JUL 14 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.

Student .....  
Student Embalmer

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntville, Va

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.