

FILED DEC 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38028

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 1944 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <i>Platte</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Platte</i>	
b. CITY OR TOWN <i>Rural, Pettis</i>	c. LENGTH OF STAY (If in institution) <i>36 yrs.</i>	c. CITY OR TOWN <i>Rural, Pettis - 0830</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home</i>		d. STREET ADDRESS (If rural, give location) <i>Parkville,</i>	

3. NAME OF DECEASED (First) <i>Clustoff</i> (Middle) <i>(now)</i> (Last) <i>Vandepopulin</i>	4. DATE OF DEATH (Month) <i>Dec</i> (Day) <i>3</i> (Year) <i>1950</i>
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5. SEX <i>male</i>	6. COLOR OR RACE <i>Belgium</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb. 7 - 1880</i>	9. AGE (In years last birthday) <i>70</i> IF UNDER 1 YEAR Months <i>9</i> Days <i>26</i>	IF UNDER 14 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work including most of work if retired) <i>Relief Aidman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Vegetables</i>	11. BIRTHPLACE (State or foreign country) <i>Worthingham Belgium</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>don't know</i>	13b. MOTHER'S MAIDEN NAME <i>Marie Vanvase</i>	14. NAME OF HUSBAND OR WIFE <i>Marie Vandepopulin</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <i>no</i> (If yes, give year or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Marcell Vandepopulin</i> ADDRESS <i>Parkville Mo</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 hrs.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>coronary Occlusion</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>has had a very bad heart for 3 yrs.</i> DUE TO (c) <i>heart for 3 yrs.</i>		
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 checked="" type="checkbox"/>
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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) _____
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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?
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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 *12:30* Am., from the causes and on the date stated above.

23a. SIGNATURE <i>Tom H. Hullett</i> (Degree or title) <i>Coroner</i>	23b. ADDRESS <i>Parkville Mo</i>	23c. DATE SIGNED <i>12-3-50</i>
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24a. BURIAL CREMATION REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec 5 - 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Deister Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Parkville Mo</i>
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DATE REC'D BY LOCAL REG. <i>Dec 3 - 50</i>	REGISTRAR'S SIGNATURE <i>Bphia Rollins</i>	257	25. FUNERAL DIRECTOR'S SIGNATURE <i>Leland H. Francis</i> ADDRESS <i>Parkville Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0830



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, ~~_____~~

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Selaud H. Francis*

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.