

FILED DEC 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 336709

Registrar's No. 564

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

BIRTH NO.

REG. DIST. NO. 131

PRIMARY REG. DIST. NO. 3023

Registrar's No. 564

## 1. PLACE OF DEATH

a. COUNTY

HENRY 04-218

b. CITY (If outside corporate limits, write RURAL and give  
OR  
TOWN)

CLINTON

c. LENGTH OF  
STAY (in this place)d. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

725 E OHIO ST

3. NAME OF  
DECEASED  
(Type or Print)

a. (First) BERT

b. (Middle) X

c. (Last) VRNHOOTER

5. SEX

6. COLOR OR RACE

MALE WHITE

7. MARRIED, NEVER MARRIED, II  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

AUG 11 1883

10a. USUAL OCCUPATION (Give kind of work  
done during last 5 years of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR IN-  
DUSTRY

11. BIRTHPLACE (State or foreign country)

BENTON CO MO

13a. FATHER'S NAME

MOSES VANHOOTER

13b. MOTHER'S MAIDEN NAME

ROSA HUFF

14. NAME OF HUSBAND OR WIFE

CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY  
NO.

17. INFORMANT'S SIGNATURE OR NAME

Clara Vanhooter.

ADDRESS

## 18. CAUSE OF DEATH

Enter only one cause per  
line for (a), (b), and (c)1. DISEASE OR CONDITION  
DIRECTLY LEADING TO DEATH\* (a)

## MEDICAL CERTIFICATION

## ANTECEDENT CAUSES

Morbid conditions, if any, giving DUE TO (b)  
rise to the above cause (a) stating  
the underlying cause last.

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

Dementia.

INTERVAL BETWEEN  
ONSET AND DEATH19a. DATE OF OPERA-  
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 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)

21e. INJURY OCCURRED  
WHILE AT WORK  NOT WHILE  
AT WORK 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1950, to Dec. 3, 1951, that I last saw the deceased  
alive on Dec. 3, 1951, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORIUM

24d. LOCATION (City, town, or county)

(State)

Burial

12/5/51

Englewood Cem

Clinton Mo

DATE REC'D BY LOCAL  
REG.

REG.

REGISTRAR'S SIGNATURE

422

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Dec. 5, 1951

Florence Adams &amp; Son Funeral Directors Clinton Mo

RECEIVED DEC 10 1951  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed DEC 10 1951

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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

*J E Consolme*

Licensed Embalmer No. 1891

P. O. Address

*Clinton, N.Y.*

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.