

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24051

State File No. ....

LED AUG 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 53

0310

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

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin</u> <u>1310</u>	
c. LENGTH OF STAY (In this place) <u>7 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Gilpin</u> c. (Last) <u>Vanderpool</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 1952</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>May 5 1880</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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 <u>Farm Owner</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Felix Vanderpool</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Weddle</u>		14. NAME OF HUSBAND OR WIFE <u>Myra Vanderpool (Dec'd)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>488-34-0907</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Hazel Pine, Rt 2 Box 5717 Address, Bonny View Dist., Redding, Calif.</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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u>		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 checked="" 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) <u>331X</u>	
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 July 13, 1952 to July 17, 1952, that I last saw the deceased alive on July 16, 1952, and that death occurred at 1:45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank E. Nelson M.D.</u>		23b. ADDRESS <u>Salisbury, Mo.</u>		23c. DATE SIGNED <u>7-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Gallatin, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>7-30-52</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>		ADDRESS <u>Gallatin, Mo.</u>	
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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

*L. O. P. L. S. S. A. U.*

Licensed Embalmer No.

*3307*

P. O. Address

*Dalton, N. C.*

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.