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0.48

FILED JUN 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20643**

BIRTH NO.		REG. DIST. NO. 11	PRIMARY REG. DIST. NO. 5050	Registrar's No. 47
1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Mineral)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Mineral) 0050		
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 mi. e. on Hwy 44		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Isaac b. (Middle) Granville c. (Last) Vanderpool		4. DATE OF DEATH (Month) (Day) (Year) June 15, 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-15-1884	9. AGE (In years last birthday) 68 IF UNDER 1 YEAR: Months Days IF UNDER 4 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Arkansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Vanderpool		
13b. MOTHER'S MAIDEN NAME Cordelia Jackson		14. NAME OF HUSBAND OR WIFE Etta Vanderpool		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 523-01-6990		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ernest Henbest-Cassville, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) injuries to head (skull fracture) INTERVAL BETWEEN ONSET AND DEATH instant ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (apparently heart attack while driving truck) 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 005		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Highway 44, 10 miles E. of Barry		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mineral Township Barry Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 15, 1953 6:15 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? One car accident, overturned.
22. I hereby certify that I attended the deceased from June 15, 1953 to June 15, 1953 , that I last saw the deceased died on June 15, 1953 , and that death occurred at 6:15 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE Paul D. Henbest		23b. ADDRESS (Degree or title) Cornet Cassville, Missouri		23c. DATE SIGNED 6-16-1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-20-1953		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State) Cassville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Elmo Light Cassville, Mo.		
DATE REC'D BY LOCAL REG. 6-19-1953		REGISTRAR'S SIGNATURE Grace Williams		

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

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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 Elmer D. Triplett

Licensed Embalmer No. 4817

P. O. Address Cassville, 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.