

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8987**

BIRTH NO. **FILED MAR 25 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1023**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (In this place) 2 yrs	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. General Hospital		e. STREET ADDRESS (If rural, give location) 1010 East 27th Street 3426	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) William	c. (Last) Vanderpool	4. DATE OF DEATH (Month) (Day) (Year) 3 5 54					
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-22-1919	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 5	IF UNDER 1 MIN. Hours 54	IF UNDER 1 MIN. Min. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (City and State or Foreign Country) Braymer, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Cleve Vanderpool		13b. MOTHER'S MAIDEN NAME Kinnie Judd		14. NAME OF HUSBAND OR WIFE Mrs. Inez Vanderpool	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war and date of service) Yes W.W.#2		16. SOCIAL SECURITY NO. 488-14-5780		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Inez Vanderpool, 1010 E. 27th	

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) Second + 3rd degree burns ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 7 upper part of body DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 10
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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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) factory	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson 20		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-2-54 10:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Burned by explosion in room		

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 **11:20** p. m., from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) 3		23b. ADDRESS 4030 Broadway St. Cum.		23c. DATE SIGNED 3-6-54	
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 3-7-1954	24c. NAME OF CEMETERY OR CREMATORY Evergreen	24d. LOCATION (City, town, or county) (State) Braymer, Mo.		

DATE REC'D BY LOCAL REG. 3-6-54	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Wagner Funeral Home	ADDRESS Wagner Funeral Home
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

MAR 23

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.....
Signature of Student Embalmer

Signed..... *John R. Bidder*

Licensed Embalmer No... 45

P. O. Address *Zanesville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.