

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22520

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>77</u>	PRIMARY REG. DIST. NO. <u>3016</u>	Registrar's No. <u>205</u>
1. PLACE OF DEATH a. COUNTY <u>Colo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Colo.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Russellville</u> <u>MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0260</u> <u>1</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>VANPOOL</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 22-54</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>MAY 5-1884</u>	9. AGE (In years last birthday) <u>70</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 12 HRS: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during the month preceding if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bus Driver</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Russellville Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>David Vanpool</u>		13b. MOTHER'S MAIDEN NAME <u>Abade West</u>	14. NAME OF WEDDING OR WIFE <u>Charmis Vanpool</u>	
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 (Last, first, or name) ADDRESS <u>Clara Vanpool - Russellville Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Broncho pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>aspiration of vomitus</u> DUE TO (c) <u>Complete pyloric obstruction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>due to duodenal ulcer</u>		INTERVAL BETWEEN ONSET AND DEATH
19. DATE OF OPERATION <u>July 17-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Pyloric Obstruction</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20. DATE OF OPERATION <u>July 17-54</u>	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>5410</u>	
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?	
22. I hereby certify that I attended the deceased from <u>July 10, 1954</u> to <u>July 22, 1954</u> , that I last saw the deceased alive on <u>July 21, 1954</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>A. A. Osman M.D.</u>		23b. ADDRESS <u>Jefferson City Mo.</u>		23c. DATE SIGNED <u>July 24, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>July 24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ENLOR CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>Russellville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 24-54</u>	REGISTRAR'S SIGNATURE <u>R.P. Norris M.D. - M.P.O.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Stuffer Russellville Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 9 1958

NOV 6 1958

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 Raymond C. Foster

Licensed Embalmer No. 4626

P. O. Address Versailles, 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.