S. No. 300
v. 10.48

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

22900

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 35

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

**1. PLACE OF DEATH**
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hogan, Rural Arcadia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Michigan
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grand Rapids
d. STREET ADDRESS (If rural, give location): 912 Crickel wood St

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**3. NAME OF DECEASED** (Type or Print)
a. (First): Frederick
b. (Middle): W.
c. (Last): Vanderlugt

**4. DATE OF DEATH** (Month) 7 (Day) 24 (Year) 54

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single 0
**8. DATE OF BIRTH**: Unk
**9. AGE** (In years last birthday): 19 — 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): Unk
**10b. KIND OF BUSINESS OR INDUSTRY**: Unk
**11. BIRTHPLACE** (City and State or Foreign Country): Michigan
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Aril Vanderlugt
**13b. MOTHER'S MAIDEN NAME**: Unk
**14. NAME OF HUSBAND OR WIFE**: Single

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes (If yes, give war or dates of service): Now
**16. SOCIAL SECURITY NO.**: Unk
**17. INFORMANT'S SIGNATURE OR NAME**: US. Army — ADDRESS:

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured Skull

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
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.*

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INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Taum Sauk Mts
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Hogan, Arcadia Iron 047 Mo

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 7/24/54 1.15P m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Plane Crash

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 1954, and that death occurred at 1/15P m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): A. A. Howell Coroner 3
**23b. ADDRESS**: Ironton, Mo.
**23c. DATE SIGNED**: 7/27/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Unk
**24c. NAME OF CEMETERY OR CREMATORY**: Unk
**24d. LOCATION** (City, town, or county) (State): Unk

**DATE REC'D BY LOCAL REG.**: 7/29/54
**REGISTRAR'S SIGNATURE**: Mrs Avis Jones 128
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: Be Bries Mich

(Licensed Embalmer's Statement on Reverse Side)

## 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 C. A. Howell

Licensed Embalmer No. 3670

P. O. Address Chariton, 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.