

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36660**

FILED DEC 7 1955

BIRTH NO. _____ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 4208 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cainsville</u>	c. LENGTH OF STAY (In this place) <u>50 years</u>	c. CITY OR TOWN <u>Cainsville</u>	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		e. STREET ADDRESS (If rural, give location) <u>0410</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u>	b. (Middle) <u>D.</u>	c. (Last) <u>Vanderpool</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 23 1955</u>
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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>August 15, 1897</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>58</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House moving and construction</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Nick Vanderpool</u>	13b. MOTHER'S MAIDEN NAME <u>Gertrude Cisco</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Vanderpool</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>496-01-9763</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Vanderpool</u>	ADDRESS <u>Cainsville, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arteriosclerosis with sudden occlusion</u>		
	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.		<u>4201</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from November 21, 1955, to Nov. 23, 1955, that I last saw the deceased alive on Nov 23, 1955 and that death occurred at 2:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree of title) _____	23b. ADDRESS <u>Cainsville, Missouri.</u>	23c. DATE SIGNED <u>11/25/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 26, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zoar Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cainsville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 6, 1955</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Cainsville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

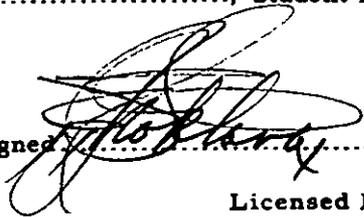
APR 26 1958

DEC 4 1956

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, *bt* Eddie J. Stoklasa....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No.... 3602

P. O. Address Cainsville.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.