

FILED AUG 14 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22749**

BIRTH NO.		REG. DIST. NO. 11	PRIMARY REG. DIST. NO. 5044	Registrar's No. 55
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 Washburn		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Washburn	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) 0050		
3. NAME OF DECEASED (Type or Print) SAMUEL		a. (First)	b. (Middle)	c. (Last) VANDERPOOL
5. SEX male		6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 15, 1871
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours 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) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Lewis Vanderpool		
13b. MOTHER'S MAIDEN NAME Mary Ann Foster		14. NAME OF HUSBAND OR WIFE Sylvia May Vanderpool		
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 SIGNATURE OR NAME ADDRESS Mrs. Jeff Ellis-Washburn, Missouri
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH
		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.		
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 491X
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 7/25/56 to 8/4/56 , that I last saw the deceased alive on 8/4/56 , 19 56 , and that death occurred at 4 P. m., from the causes and on the date stated above.				
23a. SIGNATURE Chas. R. Brown (Degree or title) MD		23b. ADDRESS Seligman Missouri		23c. DATE SIGNED 9/8/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 7, 1956		24c. NAME OF CEMETERY OR CREMATORY Truelove Cemetery
		24d. LOCATION (City, town, or county) (State) Washburn, Missouri		
DATE REC'D BY LOCAL REG. 8-11-56		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Culver Funeral Home-Cassville, Mo G. E. Culver

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

10 - 0

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

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NO. 856-141

DATE REC. 8-13-54

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..... *Margaret C. Henbest*

Licensed Embalmer No. *4389*

P. O. Address *Cassville*

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.