

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22973

State File No.

FILED JUL 30 1956

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| BIRTH NO. _____ | | REG. DIST. NO. <u>44</u> | | PRIMARY REG. DIST. NO. <u>5146</u> | | Registrar's No. <u>235</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>CALDWELL</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CALDWELL</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-DAVIS TWP.</u> | | c. LENGTH OF STAY (In this place) <u>25 YRS.</u> | | c. CITY OR TOWN <u>BRA YMER</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 MI. N. W. BRAYMER MO.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>3 MI. N. W. BRAYMER MO</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>LEWIS</u> | | | a. (First) _____ b. (Middle) _____ c. (Last) <u>VANDERPOOL</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7/9/1956</u> | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | | 8. DATE OF BIRTH <u>3/7/1892</u> | |
| 9. AGE (In years last birthday) <u>64</u> | | IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u> | | IF UNDER 2 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u> | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>CALDWELL CO., MO.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>JOHN S. VANDERPOOL</u> | | 13b. MOTHER'S MAIDEN NAME <u>EVA BARNES</u> | | 14. NAME OF HUSBAND OR WIFE <u>SINGLE</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>W. W. I</u> | | 16. SOCIAL SECURITY NO. <u>W. W. I</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>TOMMY VANDERPOOL, BRA YMER, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>gun shot (self-inflicted)</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) _____ | | | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH | |
| 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) <u>suicide</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home Davis Twp Caldwell Mo</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Home Davis Twp Caldwell Mo</u> | | 21f. HOW DID INJURY OCCUR? <u>976x</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 9 1956 1 PM</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 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 <u>1 p m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Dr. J. H. Smead</u> | | | (Degree or title) <u>Coroner 3</u> | | | 23b. ADDRESS <u>P.O. 116 Caldwell Co Mo</u> | |
| 23c. DATE SIGNED <u>9-14-56</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>7/11/1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>BLACK OAK CEMETERY</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>CALDWELL CO., MO.</u> | | DATE REC'D BY LOCAL REG. <u>7-25-1956</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Ruth Ann Taylor</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geneb. Michael. Braymer, Mo.</u> | |

(Licensed Funeral Home's Statement on Reverse Side)

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

499

JUL 31 1938

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 *Geneb. Michael*

Licensed Embalmer No. *4340*

P. O. Address *Braymer,*

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.