

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38282

State File No. _____

FILED DEC 7 - 1956

5028

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Harpers</u>	
b. CITY OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (If this place) <u>1 Day</u>		c. CITY OR TOWN <u>Anthony</u> d. Is Residence within limits of a city? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1815 Charlotte</u>		* a. STREET ADDRESS (If rural, give location) <u>302 S Madison</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Haynes</u> b. (Middle) <u>Dean</u> c. (Last) <u>Vanderpool</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 17, 1956</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>July 13, 1931</u>
9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS: Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Anthony, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Haynes Vanderpool</u>		13b. MOTHER'S MAIDEN NAME <u>Casilda Shulte</u>	
13c. NAME OF HUSBAND OR WIFE <u>Betty Vanderpool</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>725-16-2889</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Betty Vanderpool</u>		ADDRESS <u>Anthony, Kansas</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Death by fire</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. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION <u>Whole body charred</u>		20. AUTOPSY? <u>3</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Anthony, Jackson, MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-17-56</u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck struck Pole-Caught fire</u>	
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>Registrar</u>		23b. ADDRESS <u>1034 Piata Blvd</u>	
23c. DATE SIGNED <u>11-19-56</u>		24a. BIRTHPL. CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>11-19-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anthony Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Anthony, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baron's Mortuary</u>	
25. ADDRESS <u>Anthony, Kansas</u>		DATE REC'D BY LOCAL REG. <u>11-20-56</u>	
REGISTRAR'S SIGNATURE <u>Reva Minshall</u>		25. ADDRESS <u>Anthony, Kansas</u>	

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

1957 FEB

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 This remains not embalmed Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed John R. Didman
Licensed Embalmer No. 45
P. O. Address Kansas

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.