

Health, Welfare, Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 4 1957

STANDARD CERTIFICATE OF DEATH

57017658
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Webb City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn hosp.		Length of stay in lb 13 yrs		d. STREET ADDRESS 417 N. Tom St (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Frank Elmer Vrooman <i>First Middle Last</i>			4. DATE OF DEATH May 28, 1957 <i>Month Day Year</i>				
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec 25, 1869		9. AGE (In years last birthday) 85 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and state or country) Webster County, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Vrooman				14. MOTHER'S MAIDEN NAME Martha ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Carthage, Mo Mamie Ferguson, 1021 Walnut, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from July 26, 1957 to May 28, 1957 and last saw him alive on 5-28-57 Death occurred at 3:58 am m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) P. B. Munson D. O. 2				22b. ADDRESS 106 N. Webb, Webb City, Mo		22c. DATE SIGNED 5-28-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE June 1, 1957	23c. NAME OF CEMETERY OR CREMATORY Fidelity Cemetery		23d. LOCATION (City, town, or county) (State) Jasper County, Mo		
24. FUNERAL DIRECTOR ADDRESS Knell Mortuary Carthage, Mo			25. DATE RECD. BY LOCAL REG. 5-31-57		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		

(Licensed Embalmer's Statement on Reverse Side)

Wasper County Health Office
County File Number 57-6449
Date Filed JUN 3 1957

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 *D. L. Isbell*

Licensed Embalmer No. 4974

P. O. Address *Cartage*

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.