

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002543

STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 17

300
-57

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Richmond 68910
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray Co. Hospital		Length of stay in 1b 4 days	d. STREET ADDRESS (If outside, give location) 551 N. Main
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Charley Sprinkle VanPelt			4. DATE OF DEATH Month Day Year 1/22/59		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 6/1887	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Ray Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William VanPelt		13b. MOTHER'S MAIDEN NAME Mary Jane Sprinkle		14. NAME OF HUSBAND OR WIFE Margaret VanPelt	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs John D. Patton	Address Polo, Missouri
---	--	--	----------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION INST		INTERVAL BETWEEN ONSET AND DEATH INST
DUE TO (b) INFARCT SUBACUTE		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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"/>

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 <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 Ray Co. Missouri	COUNTY Ray	STATE Missouri
---	--	---	----------------------	--------------------------

21. I attended the deceased from **1-20-59** to **1-22-59** and last saw him alive on **1-22-59**
Death occurred at **8:25 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS Richmond, Missouri	22c. DATE SIGNED 1-24-59
--------------------------------------	-------------------	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/24/59	23c. NAME OF CEMETERY OR CREMATORY Kincaid Cemetery	23d. LOCATION (City, town, or county) (State) Ray Co. Missouri
--	-----------------------------	---	--

24. FUNERAL DIRECTOR Quest-ite Funeral Home Richmond, Missouri	ADDRESS Home	25. DATE RECD. BY LOCAL REG. 2-3-1959	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
--	------------------------	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Morris D. Bailey*

Licensed Embalmer No. *4 PP7*

P. O. Address *Richmond, Va*

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.