

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007315

FILED VS MAR 2 1960 212 Primary Registration District No. 5780 Registrar's No. 7

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Miller				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon		Length of stay in 1b		c. CITY OR TOWN Olean		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jct. Hy 87 + 54			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Robert ^{First} Roger ^{Middle} Allen ^{Last} Van Pool				4. DATE OF DEATH February 19, 1960				
5. SEX male		6. COLOR OR RACE Caucasian		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-9-43		
9. AGE (last birthday) 16		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Eldon, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME David Van Pool			13b. MOTHER'S MAIDEN NAME Vaneta Bates			14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Address Virginia Stubinger, Russellville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) MEDULLARY FAILURE							INSTANT	
DUE TO (b) SPINAL CORD INJURY							"	
DUE TO (c) FRACTURE UPPER CERVICAL VERTEBRA							"	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) SIDE OF AUTO STRUCK BY A				
20c. TIME OF INJURY 7:05 p.m.		Month, Day, Year, 2-19-60		TRAIN AT CROSSING EAST OF ELDON.				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY 87		20f. CITY, TOWN, OR LOCATION MILLER		COUNTY STATE Mo.		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ 7:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE L.S. Humphrey D.O., Coroner				22b. ADDRESS Tusculum, Mo.		22c. DATE SIGNED 2-23-60		
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE 2-23-60	23c. NAME OF CEMETERY OR CREMATORY Enloe		23d. LOCATION (City, town, or county) Russellville, Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS Louis D. Phillips Eldon			25. DATE RECD. BY LOCAL REG. Feb. 23, 1960		26. REGISTRAR'S SIGNATURE Alderetta Waltz			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Don E. Phillips, Student Embalmer No. 583

working under my personal supervision,

Student Don E. Phillips

Signature of Student Embalmer

Signed Louis W. Phue

Licensed Embalmer No. 366

P. O. Address cedo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to conform 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.