JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 22 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4048 STATE FILE NUMBER 60-030850

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 32 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: SALINE
c. CITY OR TOWN: Marshall — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1257 S. Sharp — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NOBLE Middle Last VANDERPOOL
4. DATE OF DEATH: Month 8th Day 6th Year 1960.
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/11/95
9. AGE (last birthday): 64 — 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): Retired Hospital Aide
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Mill Grove, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Alex A Vanderpool
13b. MOTHER'S MAIDEN NAME: Hettie M. Otman
14. NAME OF HUSBAND OR WIFE: Ola Vanderpool
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 493--16-3621
17. INFORMANT: Ola Vanderpool (Wife) Address: VA HOSPITAL OFFICIAL RECORDS, K.C.MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chrpyelonephritis — Indef.
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 7-4-60, to 8-6-60 (Month, day, year) ////////////////////////
Death occurred at 9:10 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John C. McCall (Degree or title) MD
22b. ADDRESS: VA Hospital, K. C. Mo.
22c. DATE SIGNED: 8/6/60

BY AFFIDAVIT OF John C. McCall

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-7-60
23c. NAME OF CEMETERY OR CREMATORY: —
23d. LOCATION (City, town, or county) (State): Sedalia, MO
24. FUNERAL DIRECTOR: Ewing Funeral Home ADDRESS
25. DATE RECD. BY LOCAL REG.: 8-7-60
26. REGISTRAR'S SIGNATURE: H-L- Dwyer, M-D.

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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