

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 14 1960

-60-038825
STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Adams	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Meramec		Length of stay in lb 39 Days	c. CITY OR TOWN Quincy Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hill Inf		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 229 S. 11th St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ALFRED Middle F. Last VANDEN BOOM			4. DATE OF DEATH Month 10 Day 26 Year 1960		
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 7-25-1930	9. AGE (last birthday) 80 Yrs	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Van Auto Top Co	11. BIRTHPLACE (City and state or country) Quincy Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry A. Vanden Boom		13b. MOTHER'S MAIDEN NAME Elizabeth Geise		14. NAME OF HUSBAND OR WIFE Della (Deceased)	
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. 499-36-3835	17. INFORMANT Julius Vanden Boom Quincy Ill		

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) GLOMERULO NEPHROSCLEROSIS	
	DUE TO (c) GENERALIZED ARTERIOSCLEROSIS.	
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 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 a.m. p.m.	Month, Day, Year		
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 9/17/1960 and last saw him alive on 10/20/60 Death occurred at 9:45 AM 10/26/60 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Patrick C. Hogan MD (Degree or title)	22b. ADDRESS 2623 Telegraph Rd Perry Mo	22c. DATE, SIGNED 10/27/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-29-1960	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	23d. LOCATION (City, town, or county) (State) 10160 Gravois Rd. Mo
24. FUNERAL DIRECTOR Ziegenhein Brothers 6409 Gravois		25. DATE RECD. BY LOCAL REG. 10-29-60	26. REGISTRAR'S SIGNATURE Robert E. Bauer

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

NOV 14 1960

JUL 28 1961

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Yan M. Sizemore

Licensed Embalmer No. 4343

P. O. Address St. Louis

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.