MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 236 Primary Registration District No. 5818 Registrar's No. 24

STATE FILE NUMBER 62-016116

FILED MAY 14 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0710
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Barnett (morgan Tsp.) — Length of stay in 1b: 1 Year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rt. 1 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Morgan
c. CITY OR TOWN: Barnett — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: David Middle: Jerome Last: Van Pool

4. DATE OF DEATH: Month: May Day: 10 Year: 1962

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/10/38
9. AGE (last birthday): 23 — 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): Prison Guard
10b. KIND OF BUSINESS OR INDUSTRY: Missouri Dept. of Corrections
11. BIRTHPLACE (City and state or country): Enon, Missouri
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: Argreta Van Pool

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1957 - 1960
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Vaneta Van Pool, Address: Olean, 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): Crushing injury to chest & abdomen — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): tractor accident
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.) Tractor steering wheel crushed abdomen + chest

20c. TIME OF INJURY: Hour 10 a.m. p.m. — Month, Day, Year: 5-10-62

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.): Farm
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-10-62 to 5-10-62 and last saw ~~her~~ him alive on 5-8-62
Death occurred at 10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jack Grimm MD
22b. ADDRESS: Versailles, Mo.
22c. DATE SIGNED: 5-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 13, 1962
23c. NAME OF CEMETERY OR CREMATORY: Enloe
23d. LOCATION (City, town, or county) (State): Russelville, Missouri

24. FUNERAL DIRECTOR ADDRESS: Phillips Funeral Home, Eldon, Mo.
25. DATE RECD. BY LOCAL REG.: 5-12-62
26. REGISTRAR'S SIGNATURE: J. L. Nash

(Licensed Embalmer's Statement on Reverse Side)

MAY 15 1952

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 Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Elsa

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.