

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**32992**

State File No. ....

**FILED NOV 14 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 14

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Henry</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Windsor Twp</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Benton</u>
c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Windsor</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 52-5 miles W of Windsor R# 2</u>			
e. STREET ADDRESS (If rural, give location) <u>W 8 1</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>HARRY JAMES VANDENBERG</u>	a. (First)	b. (Middle)	c. (Last)	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 6. 1955</u>
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<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>never married</u>	<b>8. DATE OF BIRTH</b> <u>Aug. 21, 1933</u>	<b>9. AGE</b> (In years last birthday) <u>22</u>	<b>10. MONTHS</b> <u>2</u>	<b>11. DAYS</b> <u>15</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A</u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farming</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Camden County, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A</u>
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<b>13a. FATHER'S NAME</b> <u>E. H. Vandenberg</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Edna May Harr</u>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>Korean</u>	<b>16. SOCIAL SECURITY NO.</b> <u>511 30 4299</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>E. H. Vandenberg, Windsor, Mo.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Fractured neck</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.  <u>8234</u> <u>32</u>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SOURCE HOME OR</b> (Specify) <u>Car Wreck</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi-Way 52</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Windsor township Henry Mo</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>car rolled over several times - body thrown 80 ft.</u>
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 11-6-\_\_\_\_, 1955, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:10A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>R. J. Powell D.O. (Coroner)</u>	<b>23b. ADDRESS</b> <u>Clinton Mo</u>	<b>23c. DATE SIGNED</b> <u>11/8/55</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>11-8-55</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Laurel Oak</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Windsor, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Nov. 10, 55</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mildred Bigum</u>	<b>521</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Huston Turner</u>	<b>ADDRESS</b> <u>Windsor, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10. 48  
030

FEB 17 1958

FEB 17 1958

JUN 5 1958

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 *William M. Turner*

Licensed Embalmer No... *462*

P. O. Address *Unders*  
*Mis*

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.