

3. No. 300
IV. 10.48

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40375

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 50

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

1. PLACE OF DEATH a. COUNTY <u>Goldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Goldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brammer</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brammer</u>	
c. LENGTH OF STAY (In this place) <u>65 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Limits</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u>	b. (Middle) <u>VANDERPOOL.</u>	c. (Last) <u>VANDERPOOL.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 19 49</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 21 1883</u>	9. AGE (In years last birthday) <u>65</u>	10. MONTHS <u>11</u>	11. DAYS <u>11</u>	12. HOURS & MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Produce Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Produce</u>	11. BIRTHPLACE (State or foreign country) <u>Goldwell Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.B.</u>
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13a. FATHER'S NAME <u>Jofferson Vandernool</u>	13b. MOTHER'S MAIDEN NAME <u>Janey Lynn Tomlay</u>	14. NAME OF HUSBAND OR WIFE <u>John O'Neal</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lona Vandernool Brammer, Mo.</u>	ADDRESS <u>Mo.</u>
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18. CAUSE OF DEATH 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Arteriosclerosis many years</u> DUE TO (c) <u>Generalized Arteriosclerosis many years</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4 2/2</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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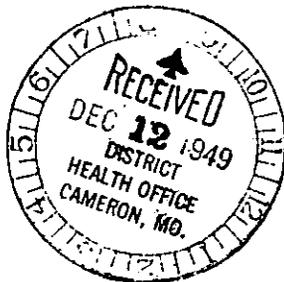
22. I hereby certify that I attended the deceased from Sept. 10 47 to Nov. 19, 1949, that I last saw the deceased alive on Nov. 19, 1949, and that death occurred at 5:15 A. m., from the causes and on the date stated above.

22a. SIGNATURE <u>J. E. Goldberg, M.D.</u> (Degree or title)	22b. ADDRESS <u>Brammer, Mo.</u>	22c. DATE SIGNED <u>Nov. 22, 1949</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Nov. 22 1949</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Brammer Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-8-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u> 378	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam C. Michael, Brammer, Mo.</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)



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.~~

Signed _____

Gene C. Michall

~~Signed _____~~

~~Student Embalmer~~

Licensed Embalmer No. *4340*

P. O. Address *Braymer, Mo.*

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 this body is not embalmed, fact should be so stated above.