.S. No. 300
Rev. 10.48

FILED JAN 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43894

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6257 Registrar's No. 8

1110

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

1. PLACE OF DEATH
a. COUNTY: Wayne
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Logan Twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Logan Twp. (Patterson Mo)
d. STREET ADDRESS (If rural, give location): 1110

3. NAME OF DECEASED (Type or Print)
a. (First): Morgan
b. (Middle):
c. (Last): Vanpool

4. DATE OF DEATH (Month) 12 (Day) 22 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 11-5-1870
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 1, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Oliver Vanpool
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Mollie Jetton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Dave Eaton, Piedmont, Missouri — ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES — DUE TO (b) Bronchitis — 6 days

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 500 X
20. AUTOPSY? YES ☐ NO ☐

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-21-, 1951, *to* 12-22-, 1951, *that I last saw the deceased alive on* 12-21, 1951, *and that death occurred at* 2:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C S Jones, M.D.
23b. ADDRESS: Piedmont Missouri Mo
23c. DATE SIGNED: 12-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-24-1951
24c. NAME OF CEMETERY OR CREMATORY: Union Grove
24d. LOCATION (City, town, or county) (State): Pargould, Ark.

DATE REC'D BY LOCAL REG.: Dec. 23, 1951
REGISTRAR'S SIGNATURE: Hazel Ward 462
25. FUNERAL DIRECTOR'S SIGNATURE: William Coder — ADDRESS: Piedmont, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 3 1952
WAYNE CO. HEALTH CENTER
FILE No. 152-4

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 Coder Funeral Home, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, Missouri

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.