

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3930

FILED FEB 18 1952
1952

BIRTH NO. REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4025 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wheaton	c. LENGTH OF STAY (In this place) 7 hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washburn Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheaton Hosp.		d. STREET ADDRESS (If rural, give location) R 1 0057	

3. NAME OF DECEASED (Type or Print) Max Vanderpool	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb. 3 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH Feb. 2, 1952	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	10b. KIND OF BUSINESS OR INDUSTRY infant	11. BIRTHPLACE (State or foreign country) Missouri Barry co.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jeff Vanderpool	13b. MOTHER'S MAIDEN NAME Martha Dalton	14. NAME OF HUSBAND OR WIFE infant
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no infant	16. SOCIAL SECURITY NO. infant	17. INFORMANT'S SIGNATURE OR NAME Jeff Vanderpool	ADDRESS Washburn, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral anoxia		INTERVAL BETWEEN ONSET AND DEATH 2 hours.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) massive atelectasis		2 hours.
	DUE TO (c) mucus plug		3 hours.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity (about 6 weeks).			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7625	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., to 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? 1 am
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22. I hereby certify that I attended the deceased from 5:35 PM 2/2, 1952, to 2/3, 1952, that I last saw the deceased alive on 2/3, 1952, and that death occurred at 1 am m., from the causes and on the date stated above.

23a. SIGNATURE Fred R. Clark D.O. (Degree or title)	23b. ADDRESS Wheaton, Mo.	23c. DATE SIGNED 2/4/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 4, 1952	24c. NAME OF CEMETERY OR CREMATORY True Love	24d. LOCATION (City, town, or county) (State) Barry Co. Mo.
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DATE REC'D BY LOCAL REG. 2-11-1952	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE Paul H. Hubert - Cassville	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Margaret C. Kenbest*

Licensed Embalmer No. *4389*

P. O. Address *Cassville*

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.