

MAY 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16982

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 270

0495  
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1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>OKLA.</u> b. COUNTY <u>OTTAWA</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>PICKER</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>410 NO NETTA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>VANDERPOOL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 9-1952</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W. DOWED</u>	
8. DATE OF BIRTH <u>OCT. 29-1872</u>		9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>GIRARD-KAN.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>RUB BENNETT</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA MARION</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Johnny Messer-Picker, Okla.</u>	
(If yes, give war or dates of service)				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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Carcinomatosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>approx 1 yr</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of cervix</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>171X</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Cervical biopsy - (1951) - Carcinoma of cervix</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 Oct 1951 to 6-9, 1952, that I last saw the deceased alive on 4-7, 1952, and that death occurred at 4:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Ed. J. Jones</u> (Degree or title)		23b. ADDRESS <u>Toplin Mo</u>		23c. DATE SIGNED <u>5-10-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 11-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cartersville</u>		24d. LOCATION (City, town, or county) (State) <u>Cartersville - Jasper - Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>5-10-52</u>		REGISTRAR'S SIGNATURE <u>Ed. J. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Thomas - Picker Okla.</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-19-52  
Jasper County Health Office

County File Number 52/5/376

Date Filed 5-19-52

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. 7

Signed

Paul Thomas

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 1244

P. O. Address Richer Okla

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.