

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10194**

FILED APR 4 - 1956

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Michigan b. COUNTY Wayne			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Waynesville, Mo)		c. LENGTH OF STAY (In this place) 10 min.		c. CITY OR TOWN Detroit,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Waynesville General Hosp.				e. STREET ADDRESS (If rural, give location) 14933 Sheyenne St. 8210			
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) None. c. (Last) Vandenberg			4. DATE OF DEATH (Month) (Day) (Year) 3 - 11 - 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.		8. DATE OF BIRTH Nov. 21, 1887	
9. AGE (In years last birthday) 68		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dock hand for freight Co.		10b. KIND OF BUSINESS OR INDUSTRY none.		11. BIRTHPLACE (City and State or Foreign Country) Hilversum, Netherlands.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Leonard Vandenberg		13b. MOTHER'S MAIDEN NAME Aredena Dorlandent		14. NAME OF HUSBAND OR WIFE Maude Vaneyk.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 369-14-9804		17. INFORMANT'S SIGNATURE OR NAME (Wife) Maude Vandenberg, Detroit, M.			
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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Myocardial Infarction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to 3-11-56 , that I last saw the deceased alive on _____, 19____, and that death occurred at 6:20 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (In case of title) H. E. Nichols			23b. ADDRESS Waynesville, Missouri		23c. DATE SIGNED 3-11-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/11/56	24c. NAME OF CEMETERY OR CREMATORY Roesland Park Cemetery		24d. LOCATION (City, town, or county) (State) Detroit, Michigan.		
DATE REC'D BY LOCAL REG. 3-11-56		REGISTRAR'S SIGNATURE Paula Inge Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Redburn Hedges Funeral Home Crocker, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-11-56
Pulaski County Health Officer
File Number 3-31-56
Date Filed 3-31-56

APR 5 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Clara D. ...*

Licensed Embalmer No. 40

P. O. Address *Wayman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.