

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37213**

FILED NOV 23 1956

BIRTH NO. _____ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **5146** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY CALDWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CALDWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-DAVIS TWP.		c. CITY OR TOWN BRAYMER	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 8 WKS.		e. STREET ADDRESS (If rural, give location) 0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 MI. SW BRAYMER, MO.			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) MCKINNIE c. (Last) VANDERPOOL DALLAS			4. DATE OF DEATH (Month) (Day) (Year) 4/16/1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 4/21/1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK		11. BIRTHPLACE (City and State or Foreign Country) GRUNDY CO., MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME F. M. JUDD		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE JOHN DALLAS (DIVORCE)	
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. 499-20-2527		17. INFORMANT'S SIGNATURE OR NAME VIRGIL VANDERPOOL BRAYMER, MO. 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) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis			many years many years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus			Several years	
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) _____	
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 _____, 19____, that I last saw the deceased alive on **Apr-16, 1956**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. S. Goldberg M.D. (Degree or title)		23b. ADDRESS Braymer, Mo.		23c. DATE SIGNED 4-18-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/19/1956		24c. NAME OF CEMETERY OR CREMATORY EVERGREEN CEMETERY	
				24d. LOCATION (City, town, or county) (State) BRAYMER, MO.	

DATE REC'D BY LOCAL REG. 8-14-56		REGISTRAR'S SIGNATURE Mrs. Paul Anne Zuyart		25. FUNERAL DIRECTOR'S SIGNATURE Terub. Michael, Braymer, Mo. ADDRESS _____	
-----------------------------------------	--	----------------------------------------------------	--	------------------------------------------------------------------------------------	--

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

499

STATE OF ILLINOIS

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.

Student _____
~~Signature of Student Embalmer~~

Signed _____
Gen. L. Michael

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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