

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16649

BIRTH NO.		REG. DIST. NO. 212	PRIMARY REG. DIST. NO. 3044	Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, write RURAL and give township) Eldon		c. CITY (If outside corporate limits, write RURAL and give township) Olean 0660			
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Schneider Nursing Home					
3. NAME OF DECEASED (Type or Print) a. (First) SARAH		b. (Middle) MATILDA		c. (Last) VAN POOL	
4. DATE OF DEATH (Month) (Day) (Year) MAY 5, 1954					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 9, 1870	9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Moniteau Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William H. Short		13b. MOTHER'S MAIDEN NAME Margarett Griner		14. NAME OF HUSBAND OR WIFE William Van Pool	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William VanPool Olean, Mo.		
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.  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis & hypertension & hypertensive heart disease DUE TO (c)  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 331 X		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 <u>May 20, 1954</u> to <u>May 5, 1954</u> , that I last saw the deceased alive on <u>May 4, 1954</u> , and that death occurred at <u>12:20 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE E. O. Shertan M.D.		23b. ADDRESS Eldon Mo		23c. DATE SIGNED May 5, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE MAY 9-54		24c. NAME OF CEMETERY OR CREMATORY High Point	
24d. LOCATION (City, town, or county) (State) High Point, Mo.					
DATE REC'D BY LOCAL REG. May 10, 1954		REGISTRAR'S SIGNATURE 19270 Adenetta Walt		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Eldon	

(Licensed Embalmer's Statement on Reverse Side)

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

10. 300  
10. 48

MISSY

**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.....

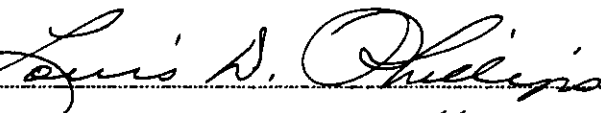
Louis D. Phillips

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 3663

P. O. Address Eldon

**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.