

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 72726

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4134- Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clinton 25</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gower</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gower</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence Gower, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ABE</u> b. (Middle) <u>G</u> c. (Last) <u>POAGE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Nov. 9-1861</u>	9. AGE (In years last birthday) <u>87</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 15 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Clinton Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Greenberg Poage</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Victor</u>	14. NAME OF HUSBAND OR WIFE <u>Isabell Poage</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. (If yes, give year of dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Poage</u>	ADDRESS <u>Gower, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>several years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malnourishment</u> DUE TO (c) <u>liver developing</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>150</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in 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) <u>no injury</u>	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 June, 1948, to 3-24, 1949, that I last saw the deceased alive on 3-25, 1949, and that death occurred at 7:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. C. Starks M.D.</u>	23b. ADDRESS <u>Gower, Mo.</u>	23c. DATE SIGNED <u>3-27-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/28/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Gower Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 28-1949</u>	REGISTRAR'S SIGNATURE <u>Bernice Chaitano</u>	386	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Murray</u>	ADDRESS <u>Gower, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Gower 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 this body is not embalmed, fact should be so stated above.