

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4978

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 644

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>25 YEARS</b>		2518	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HYDE PARK NURSING HOME</b>		d. STREET ADDRESS (If rural, give location) <b>401 EAST 36<sup>TH</sup> STREET</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LILLIE</b>	b. (Middle) <b>MARGARET</b>	c. (Last) <b>POE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 8-1950</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG-18-1863</b>	9. AGE (In years last birthday) <b>85 YEARS</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) <b>SCOTTSBURG INDIANA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM L. REID</b>	13b. MOTHER'S MAIDEN NAME -----	14. NAME OF HUSBAND OR WIFE <b>CHARLES H. POE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CHARLES EDWIN POE</b>	ADDRESS <b>8003 JARVIS STREET KANSAS CITY, MO.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory depression &amp; failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral hemorrhage</b>		<b>3 days</b>
	DUE TO (c) <b>Arteriosclerosis &amp; Hypertension</b>		<b>15 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Hypertension</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Decomposition 331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Sept 1945**, to **Feb 8, 1950**, that I last saw the deceased alive on **Feb 8, 1950**, and that death occurred at **2:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Nelson Myers</b> (Degree or title)	23b. ADDRESS <b>612-12<sup>th</sup> &amp; Walnut Bldg</b>	23c. DATE SIGNED <b>2-10-50</b>
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24a. BURIAL, CREMATION (REMOVED)	24b. DATE <b>FEB. 11, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RIFFE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ORRICK MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>2-11-50</b>	REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>O. W. Newcomer</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
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**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 .....  
Student Embalmer

Signed

*Doyle L. Daniel*

Licensed Embalmer No. .... *4702* .....

P. O. Address ..... *Kemo.* .....

**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.