

FILED AUG 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23362

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5460 Registrar's No. 653

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>039, Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Rural-Clay Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Rural-Clay Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 3 (near Galloway, Mo.)</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3 (near Galloway)</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Miskel</u>	b. (Middle) <u>D. Poole</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1950</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>Married</u>	8. DATE OF BIRTH <u>April 29, 1909</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Repairman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lime and Cement</u>	11. BIRTHPLACE (State or foreign country) <u>Seymour, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Hamp Poole</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Todd</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Mae Poole</u>
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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)	16. SOCIAL SECURITY NO. <u>CO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edith Mae Poole</u>	ADDRESS <u>Route 3</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.	MEDICAL CERTIFICATION <u>Springfield</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Abscesses of Liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hepatitis</u> DUE TO (c) <u>Chronic Cholecystitis</u>		<u>6 months</u> <u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>384X</u>

19a. DATE OF OPERATION <u>March 21, 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Chronic Cholecystitis + Cholelithiasis, Hepatitis</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 Feb 23, 1950, to July 20, 1950, that I last saw the deceased alive on July 18, 1950, and that death occurred at 11 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Heinrich O. Coffey</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>7-21-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 23, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Galloway</u>	24d. LOCATION (City, town, or county) (State) <u>Galloway, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-26-50</u>	REGISTRAR'S SIGNATURE <u>W. E. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Borman-Schmidt</u>	ADDRESS <u>7. Home Springfield, Mo.</u>
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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 *Lewis G. Schupp*

Licensed Embalmer No. *3802*

P. O. Address *Springfield 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.