

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29285

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>241</u>				
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Lee</u>						
b. CITY OR TOWN <u>Kirkersville</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>		c. CITY OR TOWN <u>Primrose</u>		8140				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>						
3. NAME OF DECEASED (Type or Print) <u>Rollie</u> (First)			b (Middle) <u>Mac</u>		c (Last) <u>Poole</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 11 1950</u>			
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>Nov. 24, 1891</u>		9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u> IF UNDER 28 HRS. Hours <u>17</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Primrose, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Benton Poole</u>			13b. MOTHER'S MAIDEN NAME <u>Mena Tyler</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Poole</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Poole, Primrose Iowa</u>					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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES DUE TO (b) <u>anuria</u> <u>chronic aleukemic</u> DUE TO (c) <u>Lymphatic Leukemia</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2</u>  <u>48 hrs.</u>  <u>over 2 yrs.</u>  <u>2040</u>		
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>Sept. 2, 1950</u> , to <u>Sept. 11, 1950</u> , that I last saw the deceased alive on <u>Sept. 11, 1950</u> , and that death occurred at <u>5:20 a.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Dr. C. E. Sawyer, D.O.</u> (Degree or title)				23b. ADDRESS <u>Kirkersville Mo.</u>			23c. DATE SIGNED <u>9-11-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/11/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tracy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Primrose Iowa</u>				
DATE REC'D BY LOCAL REG. <u>9-11-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert H. Donnellson, Iowa</u> ADDRESS					

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

1001 7.2

Date Received: SEP 18  
DISTRICT HEALTH OFFICE #2  
District File Number 7-50-  
Date Filed: SEP 19 1950

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.....

HERBERT MILLER

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....  
Herbert Miller

Licensed Embalmer No. 2825

P. O. Address Connellors, Iowa

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.