

No. 300
10. 48

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38167

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY MONITEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY MONITEAU	
b. CITY (If outside corporate limits, write RURAL and give town) JAMESTOWN (RURAL)	c. LENGTH OF STAY (In this place) 10 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JAMESTOWN (RURAL) <u>0680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) EDWIN POEHLMANN			4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1951			
a. (First)	b. (Middle)	c. (Last)				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH & 7/31/1905	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months 3 Days 16	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) AUSTRIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JOHN POEHLMANN	13b. MOTHER'S MAIDEN NAME ADELINE BAUMGERTAN	14. NAME OF HUSBAND OR WIFE LUCILLE POEHLMANN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS LUCILLE POEHLMANN, JAMESTOWN, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thromboses		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) California Moniteau MO

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 May 2, 1950 to Nov. 15, 1951 , that I last saw the deceased alive on Nov. 14, 1951 , and that death occurred at 9:30 p.m. , from the causes and on the date stated above.		

23a. SIGNATURE [Signature]	(Degree or title) D.O.	23b. ADDRESS California, MO	23c. DATE SIGNED 11/17/51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11/18/51	24c. NAME OF CEMETERY OR CREMATORY JAMESTOWN LUTHERAN	24d. LOCATION (City, town, or county) (State) JAMESTOWN, MONITEAU, MO.

DATE REC'D BY LOCAL REG. Nov 18 - 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAMS FUNERAL HOME, CALIFORNIA, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 20 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 20 1951

APR 8 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *N. E. Friedmeyer*

Signed
Student Embalmer

Licensed Embalmer No. *2854*

P. O. Address *California Me*

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.