

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14262

State File No. 14262

No. 300
10.48

FILED MAY 7 1953

BIRTH MO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 15376 Registrar's No. 89511

490

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived; If institution or hospital, before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. rural - Marion Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. rural - Marion Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Carthage Route 1		d. STREET ADDRESS (If rural, give location) Carthage Route 4 1204 W. Budlong St	

3. NAME OF DECEASED (Type or Print) WILLIAM POULSON			4. DATE OF DEATH (Month) (Day) (Year) April 28-1953		
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5. SEX MALE	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 8, 1888	9. AGE (In years last birthday) 64	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) real estate dealer	10b. KIND OF BUSINESS OR INDUSTRY salesman	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME Amanda ?	14. NAME OF HUSBAND OR WIFE Rachel V. Patton Poulson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 496-10-6972	17. INFORMANT'S SIGNATURE OR NAME T.L. Poulson, Rte 4 Carthage, Mo	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH Over 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Th.		
	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. Sclerosis 001X		30 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (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 12-8-1946 to 4-28-1953, that I last saw the deceased alive on 4-26-1953, and that death occurred at 4:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) MD 0	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 4-28-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-1-53	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo
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DATE REC'D BY LOCAL REG. 4-29-53	REGISTRAR'S SIGNATURE 134	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo	ADDRESS
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RECEIVED 5-6-53
Jasper County Health Office

County File Number 53-5-386

Date Filed 5-6-53

MAY 8

MAY 11 1953

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 Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.