

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28235
Registrar's No. 69

BIRTH NO. _____		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 5706		Registrar's No. 69	
1. PLACE OF DEATH a. COUNTY Mc Donald				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY McDonald			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson Twp		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson Rural		d. STREET ADDRESS (If rural, give location) 060	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE				3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) h c. (Last) POOR			
4. DATE OF DEATH (Month) (Day) (Year) 9-2-1954		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N.M.	
8. DATE OF BIRTH 9-7-1881		9. AGE (In years last birthday) 72		10. MONTHS 11		11. DAYS 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY C		11. BIRTHPLACE (City and State or Foreign Country) BHOEKTON IOWA		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME J.H. POOR		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Tom WHISENOUT VINITA Q			
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) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 3 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 331X				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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A.M. Humphrey, Coronor				23b. ADDRESS Moel Mo.		23c. DATE SIGNED 9-7-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-5-1954		24c. NAME OF CEMETERY OR CREMATORY TERCY CEM		24d. LOCATION (City, town, or county) (State) Anderson, Mo. St	
DATE REC'D BY LOCAL REG. 9-7-54		REGISTRAR'S SIGNATURE Marye Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE A.M. Humphrey		ADDRESS Smalltown	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

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. 5

working under my personal supervision.

Student WA.....
Student Embalmer

Signed W. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel 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.