

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34475

State File No.

FILED OCT 20 1954

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 72

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| 1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u> | |
| c. LENGTH OF STAY (in this place) <u>5 YRS</u> | | d. STREET ADDRESS (If rural, give location) <u>812 BISMARCK ST.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>812 BISMARCK ST.</u> | | d. STREET ADDRESS (If rural, give location) <u>812 BISMARCK ST.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTIN</u> | | b. (Middle) <u>F.</u> | |
| c. (Last) <u>POESE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 26 1954</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>JAN 10, 1870</u> |
| 9. AGE (In years last birthday) <u>84</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER RETIRED</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>NEW MEHA. MO.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u> | 11. BIRTHPLACE (City and State or Foreign Country) | |
| 13a. FATHER'S NAME <u>EARL POESE</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY LEIMBROCK</u> | 14. NAME OF HUSBAND OR WIFE <u>CHRISTINE POESE</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>CHRISTINE POESE</u> ADDRESS <u>CONCORDIA, MO</u> | |
| 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. | | | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>1-2 yrs</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiovascular + metabolic disorders</u> | | | <u>10 yrs</u> |
| DUE TO (c) <u>arteriosclerosis</u> | | | |
| 11. 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) | |
| 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 <u>Sept 27, 1954</u> to <u>Sept 28, 1954</u> that I last saw the deceased alive on <u>Sept 27, 1954</u> and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above. | | | |
| 23. SIGNATURE (Degree or title) <u>Dr. G. J. ...</u> | | 23b. ADDRESS <u>Concordia, Mo.</u> | 23c. DATE SIGNED |
| 24a. RURAL CREMATION REMOVAL (Specify) | 24b. DATE <u>SEPT 29, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEW'S</u> | 24d. LOCATION (City, town, or county) (State) <u>ERNESTVILLE VILLAGE, MO.</u> |
| DATE REC'D BY LOCAL REG. <u>Sept 30, 54</u> | REGISTRAR'S SIGNATURE <u>Clayton V. Landrum</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u> | ADDRESS <u>Concordia Mo</u> |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A 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 ME

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.