

FILED AUG 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25239

State File No. 63

BIRTH NO.		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 5053		Registrar's No. 63					
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN (Rural) Shell Knob		c. LENGTH OF STAY (in this place) 3 wks		c. CITY OR TOWN Shell Knob		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 00.500							
3. NAME OF DECEASED (Type or Print) DEANNA			a. (First)		b. (Middle)		c. (Last) POE				
4. DATE OF DEATH Aug. 20, 1955		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Aug. 29, 1949			
9. AGE (In years last birthday) 5		IF UNDER 1 YEAR: Months Days		IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) Joplin, Missouri			12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME James Poe		13b. MOTHER'S MAIDEN NAME Cleo Hull			
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. James Poe-Shell Knob, Missouri			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>Drowning.</u>  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. <u>E9298</u> <u>42</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 Min.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>SHOCK</u> <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Shell Knob (White River) Barry, Mo.</u>							
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY.		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>Aug 20, 1955</u> to <u>Aug 20, 1955</u> , that I last saw the deceased alive on <u>Aug 20, 1955</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>E. E. McDonald, M.D.</u>				23b. ADDRESS <u>Cassville, Mo.</u>				23c. DATE SIGNED <u>8-27-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-23-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cassville, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>8-27-55</u>		REGISTRAR'S SIGNATURE <u>Mary McDonald Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul H. Herbert - Cassville</u>							

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 855-320

DATE REC. 8-27-55

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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.....  
Signature of Student Embalmer

Signed Margaret C. Henbest

Licensed Embalmer No. 438

P. O. Address Cassville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.