

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39392**

BIRTH NO. _____ REG. DIST. NO. **328** PRIMARY REG. DIST. NO. **4492** Registrar's No. **61**

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ORAN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ORAN	
d. FULL NAME OF HOSPITAL OR INSTITUTION GUARDIAN ANGEL SCHOOL HALL		d. STREET ADDRESS (If rural, give location) ORAN	

3. NAME OF DECEASED (Type or Print)	a. (First) MICHAEL	b. (Middle)	c. (Last) POBST	4. DATE OF DEATH (Month) (Day) (Year)
				NOV. 6 1955

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 2-1874	9. AGE (In years) (last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 10 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JOSEPH POBST	13b. MOTHER'S MAIDEN NAME CLARA GERST	14. NAME OF HUSBAND OR WIFE LOUISA POBST
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. LOUISA POBST	ADDRESS ORAN, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. ONSET AND DEATH Minutes 2 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myo-cardial infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery disease and ailing pectoris. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

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 **9-26-1955** to **11-6-1955**, that I last saw the deceased alive on **10-26-1955**, and that death occurred at **2:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles R. Wilson M.D.	23b. ADDRESS 714 Broadway Cape Girardeau Mo.	23c. DATE SIGNED 11-8-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV. 9 1955	24c. NAME OF CEMETERY OR CREMATORY NEW GUARDIAN ANGEL	24d. LOCATION (City, town, or county) (State) ORAN MO.
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DATE REC'D BY LOCAL REG. 11-9-55	REGISTRAR'S SIGNATURE Miss Mabel Bergin	445	25. FUNERAL DIRECTOR'S SIGNATURE Earl J. Smith	ADDRESS ORAN, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 14 1955

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1155-244

NOV 14 1955

I P I S I

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 Earl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Oren, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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