

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1062**

FILED FEB 14 1956

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 128

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 9 days		e. STREET ADDRESS (If rural, give location) 1326 Sherman	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St John's Hospital			
3. NAME OF DECEASED a. (First) EDMUND		b. (Middle) POKORNEY	
c. (Last) POKORNEY		4. DATE OF DEATH (Month) (Day) (Year) February 5 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 26, 1916
9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months 39 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Operator	10b. KIND OF BUSINESS OR INDUSTRY Used Motor Co.	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Pokorney		13b. MOTHER'S MAIDEN NAME Elizabeth	
14. NAME OF HUSBAND OR WIFE Mrs Bertha Pokorney			
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. 317-09-7406	
17. INFORMANT'S SIGNATURE OR NAME Mrs Bertha Pokorney, Springfield, Mo.		ADDRESS Springfield, Mo.	
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 Shock, Primary and Secondary with Trauma Secondary and Acute Myocarditis Fracture, right femur and Exposure	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES (b) _____			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) _____			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) 9030 20			
19a. DATE OF OPERATION 1/26/56	19b. MAJOR FINDINGS OF OPERATION Fracture, right femur - Primary Shock		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) Springfield (COUNTY) Greene (STATE) Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 26 '56 3:10 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fallen tree - Lay on tree 1 1/2 hrs	
22. I hereby certify that I attended the deceased from Jan 26, 1956 , to Feb. 5, 1956 , that I last saw the deceased alive on Feb. 5, 1956 , and that death occurred at 3:10A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Deceased or title) James D. Horton M.D.		23b. ADDRESS Springfield Mo.	
23c. DATE SIGNED Feb. 6, 1956			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb 7, 1956	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Nashville, Illinois
DATE REC'D BY LOCAL REG. 2-6-56	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Jewelle Winkle B.W. ADDRESS Springfield, Mo.	

Dr
P

FEB 16 1956

FEB 28 1956

MAR 8 1956

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 *H L McC Carr*

Licensed Embalmer No. *772*

P. O. Address *Springfield*

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.