

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41274**

FILED JAN 2 1957

BIRTH NO. _____ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **5527** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY Hickory		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Hickory	
b. CITY OR TOWN Rural-Tyler Township	c. LENGTH OF STAY (in this place) 12 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Tyler Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles East of Elkton		d. STREET ADDRESS (If rural, give location) 4 miles East of Elkton	

3. NAME OF DECEASED (Type or Print)	a. (First) Frances	b. (Middle) Marion	c. (Last) Poe	4. DATE OF DEATH (Month) (Day) (Year) Dec 25-1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec 30-1865	9. AGE (10 years last birthday) 90	IF UNDER 1 YEAR Months 11 Days 25	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Elkton Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Nolan	13b. MOTHER'S MAIDEN NAME Elizabeth Dadey	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME None	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolism sudden		
	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.			

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) 4201
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 25, 1956, to Dec 25, 1956**, that I last saw the deceased alive on **Dec 25, 1956**, and that death occurred at **10:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. D. Bailey	23b. ADDRESS Do Urbana Mo	23c. DATE SIGNED Dec 25 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-29-56	24c. NAME OF CEMETERY OR CREMATORY Crottsinger Cemetery	24d. LOCATION (City, town, or county) (State) Hickory Co Mo
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DATE REC'D BY LOCAL REG. Dec. 30 1956	REGISTRAR'S SIGNATURE Mary Johnson	25. FUNERAL DIRECTOR'S SIGNATURE Hubert H. H. ...	ADDRESS Wheatland, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

464

NOV 12 1964

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
Student Embalmer

Signed *Chas Gilbert Hathaway*.....

Licensed Embalmer No. *4267*.....

P. O. Address *Wheatland, 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.