

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4286

FILED FEB 26 1957

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Gentry</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Stanberry</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Stanberry</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>503 Walnut</b>		Length of stay in lb <b>17 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>503 Walnut</b>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Mr. James</b> Middle <b>Washington</b> Last <b>Wes Poe</b>			4. DATE OF DEATH Month <b>Feb</b> Day <b>16</b> Year <b>1957</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 24 1874</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Denver, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>George Crofford</b>			14. MOTHER'S MAIDEN NAME <b>Parneay Black</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Mrs. Rachael Poe Stanberry</b> Address <b>MO</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (a) <b>Myocarditis</b> DUE TO (b) <b>arterio-sclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Cystitis</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>1954</b> to <b>Feb 16 - 1957</b> and last saw <sup>her</sup> him alive on <b>Feb 15 - 1957</b> Death occurred at <b>9:30 A m</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>R. J. Milligan D.D.</b>		22b. ADDRESS <b>Stanberry Mo.</b>		22c. DATE SIGNED <b>2-16-1957</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>2/19/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>High Ridge</b>		23d. LOCATION (City, town, or county) (State) <b>Stanberry Gentry Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Phillips Mortuary Stanberry, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb-18-'57</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. L. W. Bare</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

~~by me or by~~

~~Student Embalmer No.~~

~~working under my personal supervision.~~

Student

Signature of Student Embalmer

Signed

*Lester H. Bell*

Licensed Embalmer No. 18

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.