

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006795
STATE FILE NUMBER

FILED FEB 20 1958

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Crocker, Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hosp.		Length of stay in lb 10 days.	d. STREET ADDRESS (If outside, give location) Rural Rt. # 1.
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Joseph Middle Emmett Last Poulson			4. DATE OF DEATH Month Jan Day 25 Year 1958		
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5. SEX Female	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 10, 1869	9. AGE (In years last birthday) 88	10. FUNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.	10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and state or country) Sleeper, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Poulson.	13b. MOTHER'S MAIDEN NAME Mary Ellen Powell.	14. NAME OF HUSBAND OR WIFE Francis E. Poulson
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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. None.	17. INFORMANT Glen Poulson	Address Crocker, Mo Rural Rt.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Bronchogenic Carcinoma 6 Mo.</i></u>		INTERVAL BETWEEN ONSET AND DEATH 6 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from <u><i>12-20-58</i></u> to <u><i>1-25-58</i></u> and last saw her alive on <u><i>1-25-58</i></u> Death occurred at <u><i>8:30</i></u> P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u><i>R.O. Dewitt R.O.</i></u> (Degree or title)	22b. ADDRESS Waynesville, Missouri	22c. DATE SIGNED 1-28-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/28/58	23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cem.	23d. LOCATION (City, town, or county) (State) Crocker, Missouri
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24. FUNERAL DIRECTOR'S ADDRESS <u><i>Hedges Funeral Home Crocker, Mo</i></u>	25. DATE RECD. BY LOCAL REG. 1-28-58	26. REGISTRAR'S SIGNATURE <u><i>Glen Poulson</i></u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS FEB 23 1960

VS NOV 25 1959

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 *Clarence Moss*

Licensed Embalmer No. *4896*
P. O. Address *Waynesville, N.C.*

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.