

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022346
Stat. File No.

FILED JUL 14 1958

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559v Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Joachim Township		c. CITY OR TOWN Rural		c. LENGTH OF STAY (in this place) 13Yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION near Pevely, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
STREET ADDRESS 550 A Near Pevely, Mo.		(If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) G. c. (Last) Pooker			4. DATE OF DEATH (Month) (Day) (Year) June 23, 1958		
--	--	--	--	--	--

5. SEX M. O W.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 15, 1883	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
--------------------------	-------------------------------	--	---	--	---------------------------	-------------------------	-------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Grocery Business	11. BIRTHPLACE (City and State or Foreign Country) Jarvis, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	--	--	---

13a. FATHER'S NAME Wilke Pooker	13b. MOTHER'S MAIDEN NAME Carolina Linhorst	14. NAME OF HUSBAND OR WIFE Clara Nee Keisker
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No. none	16. SOCIAL SECURITY NO. 488-05-7092	17. INFORMANT'S SIGNATURE OR NAME Clara Pooker Pevely, Mo.	ADDRESS
--	---	--	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis to spine		6 mos
	DUE TO (c) Metastasis to Bladder		6 mos
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 177X	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **Mar 1, 1958** to **June 23, 1958**, that I last saw the deceased alive on **June 23, 1958**, and that death occurred at **7.00 PM.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. J. H. ...	(Degree or title)	23b. ADDRESS Med. A. ...	23c. DATE SIGNED 6/25/58
--	-------------------	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 25-58	24c. NAME OF CEMETERY OR CREMATORY Zion Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) Pevely, Mo.
--	--------------------------------	---	---

DATE REC'D BY LOCAL REG. 6-24-58	REGISTRAR'S SIGNATURE James G. ...	25. FUNERAL DIRECTOR'S SIGNATURE Heiligtag--Imperial, Mo.	ADDRESS
--	--	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 1 1958

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 *Arthur W. Shultz*
Licensed Embalmer No. *3872*

P. O. Address *Imperial*

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.