

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018576

FILED VS MAY 24 1960

Registration District No. 47 Primary Registration District No. 3608 Registrar's No. 149

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Callaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Length of stay in 1b Years 7		c. CITY OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Mem. Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 211 Court		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alice Middle Roberts Last Poage				4. DATE OF DEATH Month May Day 15 , Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jan. 28, 1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shoe Factory Worker			10b. KIND OF BUSINESS OR INDUSTRY Border Labor		11. BIRTHPLACE (City and state or country) Shamrock, Mo.		12. CITIZEN OF WHAT COUNTRY Usa
13a. FATHER'S NAME Wm. Austin Poage			13b. MOTHER'S MAIDEN NAME Virginia Wilson			14. NAME OF HUSBAND OR WIFE None	
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. 491 28 8036		17. INFORMANT Address Mrs. Emily Kane, 211 Court Fulton Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)			Cancer of left lung (Primary)				6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Metastasis Unanalyzed. Especially Metastasis adrenal gland.				2 month.
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 4 Month, Day, Year							
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 5/9/49 to 5/15/60 and last saw her <u>live</u> on 5/15/60 Death occurred at 1:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE George Wood (Degree or title) MD				22b. ADDRESS 614 Market St Fulton Mo		22c. DATE SIGNED 5/16/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 16, 1960	23c. NAME OF CEMETERY OR CREMATORY Williamsburg Cemetery		23d. LOCATION (City, town, or county) (State) Callaway County, Mo.			
24. FUNERAL DIRECTOR ADDRESS Manpin Funeral Home, Fulton, Mo				25. DATE RECD. BY LOCAL REG. May 21-1960		26. REGISTRAR'S SIGNATURE Maretha Lawrence	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 24 1960

VS JUN 8 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marshall B. Black

Licensed Embalmer No. 4713

P. O. Address Fulton

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.