

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032290

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 280

STATE FILE NUMBER

AMENDED

FILED SEP 25 1961

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST MARYS HOSPITAL</u>		d. STREET ADDRESS <u>RR#1</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Anthony Herman Poetker</u>			4. DATE OF DEATH Month Day Year <u>Sept 21, 1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/26/1907</u>	9. AGE (last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Missouri Pacific R.R.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Jefferson City Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
11a. FATHER'S NAME <u>Henry Poetker</u>		11b. MOTHER'S MAIDEN NAME <u>Anna Dulle</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Yansky</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>					

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 <u>3 1/2 years</u>
IMMEDIATE CAUSE (a) <u>Aortic Stenosis</u>			
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			
DUE TO (c)			<u>? 1-2 years</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Lobar pneumonia, Right lower lobe</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 9/18/61 4:15 A to 9/20/61 and last saw him alive on 9/20/61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J.S. Surden MD</u> (Degree or title)	22b. ADDRESS <u>515 E. High St.</u>	22c. DATE SIGNED <u>9/22/61</u>
--	-------------------------------------	---------------------------------

23a. FUNERAL CREATION, (Funeral Society) <u>Funeral</u>	23b. DATE <u>9/23/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>
24. FUNERAL DIRECTOR <u>Josephine Dulle</u>	ADDRESS <u>J.C. Mo</u>	25. DATE RECD. BY LOCAL REG. <u>22 Sept. 1961</u>	REGISTRAR'S SIGNATURE <u>R.P. Harris MD - M. Richter</u>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED: 9-29-61
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:
INSTEAD OF: 4-26-1961
SHOULD READ: 4-26-1907
BY AFFIDAVIT OF: F. ...

DOCUMENT: MEDICAL CERTIFICATION

1961 MAR 5

SEP 28 1961

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 Sylvester Quille

Licensed Embalmer No. 4321
P. O. Address Jefferson City 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.