

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007415

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 4

FILED FEB 19 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 0520				
2 0520				
3				
4 1				
5 1				
6				
7 0				
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202.1				
10				
11				
12 90-2				
13 1-0				
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Newark		Length of stay in 1b Life	c. CITY OR TOWN Newark Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Newark, Missouri Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mary Middle Irene Last Poor			4. DATE OF DEATH Month February Day 12 , Year 1963
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 4/11/1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 61 IF UNDER 1 YEAR: Months 10 Days 1 IF UNDER 24 HR: Hours 1 Min.
11. BIRTHPLACE (City and state or country) Newark, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Fresh		13b. MOTHER'S MAIDEN NAME Mollie Sechrist	
14. NAME OF HUSBAND OR WIFE Albert Poor		17. INFORMANT Albert Poor, Newark, Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: (IMMEDIATE CAUSE (a) Lymphoma) 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 (e) 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 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 _____ a.m. _____ p.m. 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 1-28-63 to 2-12-63 and last saw her/him alive on 2-12-63 Death occurred at 3:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Kenneth Flower D O		22b. ADDRESS Newark Mo.	
22c. DATE SIGNED 2-14-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/14/1963	
23c. NAME OF CEMETERY OR CREMATORY Newark Cemetery		23d. LOCATION (City, town, or county) (State) Newark, Missouri	
24. FUNERAL DIRECTOR J. L. Labeck, Mo.		25. DATE RECD. BY LOCAL REG. 2-16-63	
26. REGISTRAR'S SIGNATURE Dick S. Hanson			

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020

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 *M. J. Peck*, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. Hoden Jr.*
Licensed Embalmer No. 4328

P. O. Address *La Belle, 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.