

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025473

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 394 Primary Registration District No. 6029 Registrar's No. 172

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 20 1963	
<p>1. PLACE OF DEATH:</p> <p>a. COUNTY <u>Reynolds</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Logan Twp</u> Length of stay in 1b <u>Life</u></p> <p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Own Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u></p> <p>c. CITY OR TOWN <u>Redford,</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>3 Mi N. of Redford</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Grover Virgil Pogue</u></p>	
<p>4. DATE OF DEATH Month Day Year <u>June 2, 1963</u></p>	
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>Aug 21, 1892</u> 9. AGE (last birthday) <u>70</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Redford, Mo.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>
<p>13a. FATHER'S NAME <u>Joseph Pogue</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Margaret Bradford</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>Mexico Pogue</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u></p>	<p>16. SOCIAL SECURITY NO. <u>7</u> 17. INFORMANT <u>Paul S. Pogue, Redford, Mo.</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per Part I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Pneumonitis</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p style="text-align: center;">DUE TO (b) <u>Cerebral Arteriosclerosis</u></p> <p style="text-align: center;">DUE TO (c) <u>Generalized Arteriosclerosis</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bruceellosis</u></p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT - SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION <u>Doniphan, Mo.</u> COUNTY STATE</p>	
<p>21. I attended the deceased from <u>Oct, '61</u> to <u>March '63</u> and last saw him alive on <u>March '63</u></p> <p>Death occurred at <u>8 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>Gene H. LeCom, M.D.</u></p>	<p>22b. ADDRESS <u>Doniphan, Mo.</u></p>
<p>22c. DATE SIGNED <u>6-3-63</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>6-4-63</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Redford</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Redford, Mo.</u></p>
<p>24. FUNERAL DIRECTOR <u>Pewitt Funeral Home, Ellington, Mo.</u></p>	<p>DATE RECD. BY LOCAL REG. <u>June 14 1963</u> 26. REGISTRAR'S SIGNATURE <u>Erna Jarril</u></p>

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 *Chris S. Smith*

Licensed Embalmer No. 4574

P. O. Address Ellington, 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.

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