

No. 300
10.48

FILED FEB 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3924

State File No.

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5044 Registrar's No. 16

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washburn, Mo.</u> | | c. LENGTH OF STAY (in this place) | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washburn</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | |

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|--|-------------------------|-------------|----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Wayne</u> | b. (Middle) | c. (Last) <u>Poe</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10, 1952</u> |
|--|-------------------------|-------------|----------------------|--|

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|-----------------------|----------------------------------|--|---|---|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>May 13, 1926</u> | 9. AGE (In years last birthday) <u>25</u> # UNDER 1 YEAR Months <u>8</u> Days <u>27</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>McDonald Co. Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Claud Poe</u> | 13b. MOTHER'S MAIDEN NAME <u>Oma Privett</u> | 14. NAME OF HUSBAND OR WIFE <u>Bernice Poe Washburn, Mo.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Bernice Poe Washburn, Missouri</u> | ADDRESS <u>Washburn, Missouri</u> |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to Death</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>005 E9160-16</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| | | |
|---|---|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Barry Mo.</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 10 1952 1:15 m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Burned to death in his home. House destroyed by fire.</u> |
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22. I hereby certify that I attended the deceased from ON Feb 10, 1952, to Feb 10, 1952, that I last saw the deceased alive on Feb 10, 1952, and that death occurred at 1:15 A. m., from the causes and on the date stated above.

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|--|------------------------------------|--|--------------------------------------|
| 23a. SIGNATURE <u>Paul D. Henbest</u> | (Degree or title) <u>3 coroner</u> | 23b. ADDRESS <u>Barryville, Mo.</u> | 23c. DATE SIGNED <u>2-12-1952</u> |
|--|------------------------------------|--|--------------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb. 12, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hickman</u> | 24d. LOCATION (City, town, or county) (State) <u>Barry Co. MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>2-19-1952</u> | REGISTRAR'S SIGNATURE <u>Grace Williams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul D. Henbest</u> | ADDRESS <u>Barryville</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Paul D Henbest

Signed.....
Student Embalmer

Licensed Embalmer No. 4576

P. O. Address Cassville, 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 this body is not embalmed, fact should be so stated above.