V. S. No. 300
Rev. 10.48

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

FILED JAN 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39702

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 189

1. PLACE OF DEATH
a. COUNTY: COOPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOONVILLE 1
c. LENGTH OF STAY (in this place): 10 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ALEX RAVENSWAAY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: COOPER 27
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOONVILLE 1
d. STREET ADDRESS (If rural, give location): 109 WEST MORGAN 5

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) ELZIE c. (Last) POGUE
4. DATE OF DEATH (Month) (Day) (Year): DEC. 29 - 1948
5. SEX: MALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: SEPT. 2 - 1884
9. AGE (In years last birthday): 64 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): COOPER COUNTY - MISSOURI 099
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: GEORGE L. POGUE
13b. MOTHER'S MAIDEN NAME: MADLEY McDANIELS
14. NAME OF HUSBAND OR WIFE: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS LONA McKENZIE-WARRENSBURG MO. ADDRESS

MEDICAL CERTIFICATION

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.

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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexia cerebri — INTERVAL BETWEEN ONSET AND DEATH: 1 2 days

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Boonville (COUNTY) Cooper (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/28, 1948, *to* 12/29, 1948, *that I last saw the deceased alive on* 12/29, 1948, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) M.D.
23b. ADDRESS: Boonville Mo
23c. DATE SIGNED: 12/31/48

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12/31/48
24c. NAME OF CEMETERY OR CREMATORY: CITY CEMETERY
24d. LOCATION (City, town, or county) (State): BOONVILLE - MISSOURI

DATE REC'D BY LOCAL REG.: 12/31/48
REGISTRAR'S SIGNATURE: D. C. Hooper
25. FUNERAL DIRECTOR'S SIGNATURE: James W. Stegner ADDRESS: Boonville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-14-49

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.

Signed James W Stegner

Signed _____
Student Embalmer

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.