

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

22404

National Office of Vital Statistics

State File No.

Registration District No.

Primary Registration District No. 6276

Registrar's No. 19

1. PLACE OF DEATH:

(a) County: Worth
 (b) City or town: Rural near Athelstan Iowa
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street/number or location)
 (d) Length of stay: In hospital or institution: 4 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Charles Edward Poore

3. (b) If veteran, name war: No
 3. (c) Social Security No.: 791-10-1643A

4. Sex: Male 5. Color or race: White
 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Minnie Poore
 6. (c) Age of husband or wife if alive: 73 years
 7. Birth date of deceased: December 7, 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 5 28 hr. min.

9. Birthplace: Blackton Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

12. Name: J. H. Poore
 13. Birthplace: Jackson County, Ind.
 (City, town, or county) (State or foreign country)
 14. Maiden name: Harriett M. Cain
 15. Birthplace: unknown Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant: Howard Poore
 (b) Address: Bedford Iowa
 17. (a) Burial (b) Date thereof: 6-7-1949
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bedford Iowa

18. (a) Signature of funeral director: Floyd E. Shum
 (b) Address: Bedford Iowa

19. (a) June 16 1949 (b) Leta E. Daws
 (Date) (Signed local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Worth 113
 (c) City or town: Rural Athelstan Iowa
 (If outside city or town limits, write "RURAL")
 (d) Street No.: (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 1949
 year 1949 hour 12 minute 54 M.

21. I hereby certify that I attended the deceased from 3-25-49 to June 5-1949
 that I last saw him alive on June 3 1949
 and that death occurred on the date and hour stated above.

Immediate cause of death:

Acute Coronary Occlusion

Due to: Hypertensive Cardiovascular Disease

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
 Of operations: 1/2

Of autopsy:

Duration

2-3 yrs

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (c) Means of injury.....
 Signature: Frank B. Mattson
 Address: Grant City, Mo Date signed: June 8 1949

MOTHER FATHER



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
Boyd Novinger, Registered Apprentice No. 2400
working under my personal supervision.

Signed Floyd E. Shum
Iowa Licensed Embalmer No. 2381
P. O. Address Bedford Iowa

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.