

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31473**

FILED OCT 14 1949

BIRTH NO. _____ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **6029** Registrar's No. **11**

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

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) Redford, Mo		c. CITY (If outside corporate limits, write RURAL and give township) Redford, Mo	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) Redford, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Redford, Mo			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph	b. (Middle) Franklin	c. (Last) Pogue	4. DATE OF DEATH (Month) (Day) (Year) 8 13 49
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-5-1868	9. AGE (In years last birthday) 81	If under 1 year: Months 4 Days 8	If under 1 wk: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Lesterville Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Pogue	13b. MOTHER'S MAIDEN NAME Jane Wadlow	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. Retired	17. INFORMANT'S SIGNATURE OR NAME Odis Pogue ADDRESS Redford Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis of heart		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Immediate death caused by Coronary Thrombosis of heart 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 <input type="checkbox"/> NO <input type="checkbox"/>
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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) (COUNTY) (STATE) Redford Reynolds Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Kuttel, M.D. (Coroner)	23b. ADDRESS Centerville Mo	23c. DATE SIGNED 8/29/49
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Aug 15 1949	24c. NAME OF CEMETERY OR CREMATORY Redford Cemetery	24d. LOCATION (City, town, or county) (State) Redford, Mo
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DATE REC'D BY LOCAL REG. Oct. 10 - 49	REGISTRAR'S SIGNATURE Fessie Evans	25. FUNERAL DIRECTOR'S SIGNATURE Leuchel Funeral Service ADDRESS Ellington Mo
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RECEIVED 10/12/49
District Health Officer No. 5
District File Number 1049641
Date Filed 10/12/49

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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 Allen C. McGovern

Signed _____
Student Embalmer

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.