No. 300
10.48

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

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24121

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5805 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Monroe County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Florida, Mo. Jefferson
c. LENGTH OF STAY (In this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Florida, Mo. Jefferson
d. STREET ADDRESS (If rural, give location): 1870 / 1

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) William c. (Last) Poage

4. DATE OF DEATH (Month) (Day) (Year): July 9, 1950

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Bachelor
8. DATE OF BIRTH: October 28, 1882
9. AGE (In years last birthday): 68 — If under 1 year: Months 3, Days 19 — 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: Farm
11. BIRTHPLACE (State or foreign country): Florida, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James A. Poage
13b. MOTHER'S MAIDEN NAME: Ella Hickman
14. NAME OF HUSBAND OR WIFE: none

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: Robert Ray Crigler, ADDRESS: Stoutsville, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Renal — INTERVAL BETWEEN ONSET AND DEATH: 2 years

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. 442X

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) (COUNTY) (STATE)
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* Mar. 2, 1950, *to* July 9, 1950, *that I last saw the deceased alive on* July 8, 1950, *and that death occurred at* 4 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Barnett M.D. (Degree or title) M.D.
23b. ADDRESS: Perry, Missouri
23c. DATE SIGNED: 7/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/11/50
24c. NAME OF CEMETERY OR CREMATORY: South Fork Cemetery
24d. LOCATION (City, town, or county) (State): Santa Fe, Missouri

DATE REC'D BY LOCAL REG.: 7/11/50
REGISTRAR'S SIGNATURE: 433 T. A. Barnett, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde C. Willey ADDRESS: Perry, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 18 1950
District Health Officer No. 10
District File Number 7-50-1179
Date Filed JUL 27 1950

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 John F. Ellis

Signed.....
Student Embalmer

Licensed Embalmer No. 4613

P. O. Address Perry, 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, facts should be so stated above.