

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33075

State File No.

BIRTH NO. REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5342 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Greenfield</u>	
c. LENGTH OF STAY (In this place) <u>15 days</u>		d. STREET ADDRESS (If rural, give location) <u>109 Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1 1/2 mi SW of So. Greenfield</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>-</u> c. (Last) <u>POE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept. 1, 1874</u>		9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>21</u> Hours <u>-</u> Min. <u>-</u>	
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>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Dade Co. Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>W^m N. Poe</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Cecil</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Viola Poe</u>	
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>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hadley Poe; Greenfield, Mo.</u>	
				ADDRESS <u>Greenfield, Mo.</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of throat</u>		INTERVAL BETWEEN ONSET AND DEATH	
		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.		<u>148X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		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 Oct 10, 1950, to Oct 22, 1950, that I last saw the deceased alive on Oct 21, 1950, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. O. Cowan, M.D.</u>		23b. ADDRESS <u>Greenfield Mo</u>		23c. DATE SIGNED <u>10-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Greenfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-27-50</u>		REGISTRAR'S SIGNATURE <u>Geo L. Weir</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>	
				ADDRESS <u>Greenfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MO. 300
10-48AD
1

10-27-50

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 30 1950

Dist. File 1050-2128

Date Filed 10-30-50

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.

Student
Student Embalmer

Signed _____

J. C. Canada
Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.