

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 335

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Flat River</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Flat River</u> <u>074200</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5. College Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Nettie</u> b. (Middle) <u>Eizabeth</u> c. (Last) <u>Poek</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7-1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White-Cauc</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>August 5-1887</u>			9. AGE (In years last birthday) <u>63-2-2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>
11. BIRTHPLACE (State or foreign country) <u>Belgrade, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Mr. Benjamin Frank Newcomb</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Catherine Mackey</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. M. Nelson Poek</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. M. Nelson Poek (Husband)</u> ADDRESS <u>Flat River, Mo. 5 College Ave. A</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterial sclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u> <u>death gain</u> <u>death gain</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 Aug. 12, 1949, to Oct. 7, 1950, that I last saw the deceased alive on Oct. 7, 1950, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul Z. Jones M.D.</u>		23b. ADDRESS <u>12 Wood Drive Flat River, Mo.</u>		23c. DATE SIGNED <u>Oct. 10, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>October 10, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Bonne Terre Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alvin W. Hood 3030 Ave. St. Flat River, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 12, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		2494	

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 16 1950

RECEIVED

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 \_\_\_\_\_

*Alvin W. Hood*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Mad River, Vt.

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.