S. No. 300
V. 10.48

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FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40476

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: HENRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton
c. LENGTH OF STAY (in this place): ALL LIFE
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: MO
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton Mo 0422 11
d. STREET ADDRESS (If rural, give location): 410 South 2nd

3. NAME OF DECEASED (Type or Print)
a. (First): HATTIE
b. (Middle): O
c. (Last): POAGUE

4. DATE OF DEATH (Month) (Day) (Year): DEC 17 1950

5. SEX: F
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Oct 26/1870
9. AGE (In years last birthday): 8 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Clinton Mo U
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: CHAS H HAYSLER
13b. MOTHER'S MAIDEN NAME: ELIZABETH Humbrock
14. NAME OF HUSBAND OR WIFE: Henry F

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Hayslo allen Poague
ADDRESS: Clinton Mo

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
422 1

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 Dec 16, 1950, to Dec 17, 1950, that I last saw the deceased alive on Dec 16, 1950 and that death occurred at 2:30 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Dr. R. S. Hallingsworth M.D.
23b. ADDRESS: Clinton Missouri
23c. DATE SIGNED: 12/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/19/50
24c. NAME OF CEMETERY OR CREMATORY: Englewood Cem
24d. LOCATION (City, town, or county) (State): Clinton Mo

DATE REC'D BY LOCAL REG.: Dec-19-50
REGISTRAR'S SIGNATURE: Florence Adairs 422
25. FUNERAL DIRECTOR'S SIGNATURE: J. E. Consolus
ADDRESS: Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12/27/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12-27-50

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. E. Conrad

Licensed Embalmer No. 1891

P. O. Address Clinton 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.