

No. 38
10. 48

FILED JAN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41173

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Grandview		c. CITY OR TOWN Grandview	
d. FULL NAME OF HOSPITAL OR INSTITUTION no street address		d. STREET ADDRESS (If rural, give location) no street address	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Henry	c. (Last) Poarch	4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1950
-------------------------------------	------------------	-------------------	------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 3, 1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
-------------	------------------------	--	-------------------------------	------------------------------------	------------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Tenn.	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	---	---	------------------------------------

13a. FATHER'S NAME ? Poarch	13b. MOTHER'S MAIDEN NAME Alida Scott	14. NAME OF HUSBAND OR WIFE Myra J. Roarch
-----------------------------	---------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. H. Poarch, Grandview, Mo.	ADDRESS
---	------------------------------	---	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia, bilateral</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiac Insufficiency</i>		
	DUE TO (c) <i>Hypertension</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>444 X</i>

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) 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 *Dec 12, 1950* to *Dec 13, 1950*, that I last saw the deceased alive on *Dec 12, 1950*, and that death occurred at *6 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. H. Hooper, M.D.</i> (Degree or title)	23b. ADDRESS <i>Grandview Mo.</i>	23c. DATE SIGNED <i>Dec 14-50</i>
--	-----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>12/15/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Belton</i>	24d. LOCATION (City, town, or county) (State) <i>Belton, Missouri</i>
---	---------------------------	--	---

DATE REC'D. BY LOCAL REG. <i>12/18/50</i>	REGISTRAR'S SIGNATURE <i>Dr. Anna E. Hodges</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>E. K. George and Sons</i>	ADDRESS <i>Grandview, Mo.</i>
---	---	---	-------------------------------

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

JAN 5 RECD

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.....
Student Embalmer

Signed

A. K. George

Licensed Embalmer No. *3645-*

P. O. Address *Grandview, 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.