

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21036**  
Registrar's No. **145**

FILED JUN 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056**

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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>212 Ebberson St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCormick Hospital</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Samuel</b>	b. (Middle) <b>L</b>	c. (Last) <b>Poe</b>	<b>June 15 1951</b>		

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED,, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 5 1873</b>	9. AGE (In years if under 1 year last birthday) Months Days Hours Min. <b>78 2 10</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mo</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>John A. Poe</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Leathers</b>	14. NAME OF HUSBAND OR WIFE <b>Susie</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes Spanish Ame</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs C. H. Poe</b>	ADDRESS <b>Moberly Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>Months</b>  <b>A year</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <b>Coronary Heart Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes Mellitus</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>260X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 **Jan 50**, 19\_\_\_\_, to **June 15**, 19**51**, that I last saw the deceased alive on **June 15**, 19**51**, and that death occurred at **5:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. H. McCormick D.O.</b>	23b. ADDRESS <b>407 S. Williams Moberly Mo</b>	23c. DATE SIGNED <b>June 15 51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>June 17 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>	24d. LOCATION (City, town, or county) (State) <b>Moberly Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 17 51</b>	REGISTRAR'S SIGNATURE <b>Carol Suecia Jones</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mohar and Son</b>	ADDRESS
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JUN 18 1951

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Date Received: JUN 18 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 6-57-1093  
Date Filed: JUN 18 1951

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 Frank S. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.