

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22161**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 718

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 8117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1901 Pacific St.		d. STREET ADDRESS (If rural, give location) 1901 Pacific St.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Elvy c. (Last) Poe			4. DATE OF DEATH (Month) (Day) (Year) July 5 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 22, 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Harrison County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Oliver J. Poe	13b. MOTHER'S MAIDEN NAME Millie McVey	14. NAME OF HUSBAND OR WIFE Ada Poe
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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. Ada Poe, 1901 Pacific St., St. Joseph, Mo.	ADDRESS St. Joseph, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 7/4, 1951, to 7/5, 1951, that I last saw the deceased alive on 7/4, 1951, and that death occurred at 4:10A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Scott C. Benjamin M.D.	23b. ADDRESS 202 Phy Surg Bldg	23c. DATE SIGNED 7/5/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 7/5/1951	24c. NAME OF CEMETERY OR CREMATORY Grant City	24d. LOCATION (City, town, or county) (State) Missouri
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DATE REC'D BY LOCAL REG. July 9, 1951	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home St. Joseph, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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 William Spalding

Licensed Embalmer No. 4528

P. O. Address 3195 10th St. Memphis

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.