

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22162**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 812

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>   |  |
| c. LENGTH OF STAY (in this place) <b>11 Yrs.</b>                                       |  | d. STREET ADDRESS (If rural, give location) <b>2917 Monterey Street.</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>             |  |  |  |

|   |                           |                          |   |
|---|---------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>JOSEPH</b> | b. (Middle) <b>DONALD</b> | c. (Last) <b>POIRIER</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 28, 1951</b> |
|---|---------------------------|--------------------------|---|

|                    |                               |   |   |   |                                    |                                   |                                  |                                  |
|--------------------|-------------------------------|---|---|---|------------------------------------|-----------------------------------|----------------------------------|----------------------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b> | 8. DATE OF BIRTH <b>July 17th, 1940</b> | 9. AGE (In years last birthday) <b>11</b> | IF UNDER 1 YEAR<br>Months <b>0</b> | IF UNDER 1 YEAR<br>Days <b>11</b> | IF UNDER 1 YEAR<br>Hours <b></b> | IF UNDER 1 YEAR<br>Mins. <b></b> |
|--------------------|-------------------------------|---|---|---|------------------------------------|-----------------------------------|----------------------------------|----------------------------------|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Grade School</b> | 11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|---|--|--|

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|---|--|---|
| 13a. FATHER'S NAME <b>Donald L. Poirier</b> | 13b. MOTHER'S MAIDEN NAME <b>Arlene Townsend</b> | 14. NAME OF HUSBAND OR WIFE <b>none</b> |
|---|--|---|

|  |                                     |   |
|--|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>none</b> | 16. SOCIAL SECURITY NO. <b>none</b> | 17. INFORMANT'S SIGNATURE OR NAME (father's address) <b>Donald L. Poirier, 2917 Monterey St, City</b> |
|--|-------------------------------------|---|

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|--|--|--|---|--------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 week</b> |                    |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Sub acute Cholecystitis</b> |  |   | <b>8-10 weeks</b>  |
|  | DUE TO (c) <b>After Anesthetic purposes</b>  |  |   | <b>11-12 weeks</b> |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |   |                    |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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 July 11, 1951, to July 28, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 12:14 a.m., from the causes and on the date stated above.

|  |   |                                 |
|--|---|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>C. J. Fuller, Jr. M.D.</b> | 23b. ADDRESS <b>212 Kirkpatrick Bldg. St. Joseph, Mo.</b> | 23c. DATE SIGNED <b>7/28/51</b> |
|--|---|---------------------------------|

|   |                                |  |  |
|---|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>July 30, 1951</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b> |
|---|--------------------------------|--|--|

|   |   |  |                                |
|---|---|--|--------------------------------|
| DATE REC'D BY LOCAL REG. <b>Aug 3, 1951</b> | REGISTRAR'S SIGNATURE <b>Carl C. Carter</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Heccehoff</b> | ADDRESS <b>St. Joseph, Mo.</b> |
|---|---|--|--------------------------------|

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 Raymond H. Marches  
Licensed Embalmer No. 4413

P. O. Address St. Joseph, Missouri.

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.