U.S. No. 300
REV. 10-48

0860
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34665

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5998 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Powersville
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): city

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Powersville 0860 2
d. STREET ADDRESS (If rural, give location): city

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): Ingram
c. (Last): Poland

4. DATE OF DEATH (Month) (Day) (Year): Oct. 10 1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Mar. 18, 1869
9. AGE (In years last birthday): 82 — If under 1 year: Months 6, Days 22 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Calvin Poland
13b. MOTHER'S MAIDEN NAME: Rebecca Hendershot
14. NAME OF HUSBAND OR WIFE: Ina Poland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Everett Poland, Powersville, 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) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

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: 490 X
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* May 20, 1945, *to* Oct. 10, 1951, *that I last saw the deceased alive on* Oct. 10, 1951, *and that death occurred at* 9:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: G. W. Dale (Degree or title) D.O. 2
23b. ADDRESS: Newtown Mo
23c. DATE SIGNED: 10/16/51.

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: Oct. 13, 51
24c. NAME OF CEMETERY OR CREMATORY: Powersville
24d. LOCATION (City, town, or county) (State): Powersville, Mo.

DATE REC'D BY LOCAL REG.: 11-1-51
REGISTRAR'S SIGNATURE: Marvell Durbin 266
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hurst & Son Unionville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: NOV 6 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-57-1982
Date Filed: NOV 8 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed F O Hasted

Signed.....
Student Embalmer

Licensed Embalmer No. 2975

P. O. Address Monroville

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.