.S. No. 300
ev. 10.48

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

FILED DEC 5 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37027

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 4201 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY Greene 0390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Republic
c. LENGTH OF STAY (In this place) 7 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Republic 0390
d. STREET ADDRESS (If rural, give location) South Main St.

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) F.
c. (Last) Poe

4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH Jan. 27, 1879
9. AGE (In years last birthday) 72 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME Cornelius Poe
13b. MOTHER'S MAIDEN NAME — Deham
14. NAME OF HUSBAND OR WIFE Francis Poe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Arthur Poe Springfield, 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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

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 4201
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)
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* Nov, 1951, *to* Nov, 1951, *that I last saw the deceased alive on* 24 Nov, 1951, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Karl J. Leidner Jr MD (Degree or title)
23b. ADDRESS Republic Mo.
23c. DATE SIGNED 11-26-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 11/28/51
24c. NAME OF CEMETERY OR CREMATORY Robertson Praire
24d. LOCATION (City, town, or county) Springfield, (State) Mo.

DATE REC'D BY LOCAL REG. Nov-29-51
REGISTRAR'S SIGNATURE Florence Reitzin
25. FUNERAL DIRECTOR'S SIGNATURE Max Fossett Fun'l Home
ADDRESS Republic, MO.

(Licensed Embalmer's Statement on Reverse Side)

Health Office,
51-12-66
Date Filed 12-4-51

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 Glenn E. Hunter

Licensed Embalmer No. 4739

P. O. Address Republic, 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.