

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

131

State File No. ....

FILED JAN 21 1952

BIRTH NO. .... REG. DIST. NO. 25 PRIMARY REG. DIST. NO. L0316 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RICH HILL</u>	c. LENGTH OF STAY (in this place) <u>1 WK</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - OSAGE TWP 0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RICH HILL HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>6 M.S.E. RICH HILL</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>SCOTT</u> c. (Last) <u>POULTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-16-1952</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY-6-1869</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM POULTER</u>	13b. MOTHER'S MAIDEN NAME <u>RACHAEL</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Poulter - Kansas City, Mo.</u> ADDRESS <u>7212</u>
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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		INTERNAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilatation of Heart</u>		DUE TO (b) <u>Metastatic carcinoma of liver</u>		<u>6 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Prostatic Carcinoma</u>				<u>6 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>5 months</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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, 1942, to Jan 15, 1952 that I last saw the deceased alive on Jan 15, 1952, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>T.R. McBe...</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Enter Bldg. Rich Hill Mo.</u>	23c. DATE SIGNED <u>1-18-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN-18-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEM</u>	24d. LOCATION (City, town, or county) (State) <u>RICH HILL, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 19, 1952</u>	REGISTRAR'S SIGNATURE <u>Mr. Edward Douglas</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Home - Rich Hill, Mo.</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

00070

RECEIVED JAN 21 1952

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed ~~\_\_\_\_\_~~ JAN 21 1952

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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

*John G. Underwood*

Licensed Embalmer No. 3585

P. O. Address Butler 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.