

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19092

State File No.

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 19

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

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bloomfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bloomfield</u>	
c. LENGTH OF STAY (In this place) <u>Years</u>		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>A</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Poe</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 7 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 18, 1887</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>19</u>	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Howard Edwards</u>	13b. MOTHER'S MAIDEN NAME <u>Paralee Aslin</u>	14. NAME OF HUSBAND OR WIFE <u>Linville Poe</u>
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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)	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME <u>Linville Poe Bloomfield, Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	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. <u>Bronchial Asthma</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4-2-22</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 Dec 4~~th~~, 1946, to May 7, 1952 that I last saw the deceased alive on May 7, 1952, and that death occurred at 5:30a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lordon Thompson M.D.</u>	(Degree or title)	23b. ADDRESS <u>Bloomfield, Mo.</u>	23c. DATE SIGNED <u>10-12-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-9-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walkers Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bloomfield Stoddard, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 13, 1952</u>	REGISTRAR'S SIGNATURE <u>Loose Wehler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Undertaking Co, Bloomfield, Mo.</u>	ADDRESS
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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 Lulu

Cooper # 3499

working under my personal supervision.

Student Embalmer No.....

Signed.....

Evan B. Cooper

Signed.....

Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.