

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. PETERSON
State File No. **27766**
Registrar's No. **827**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 827	
1. PLACE OF DEATH a. COUNTY GREENE <i>0396</i> b. CITY OR TOWN Springfield c. LENGTH OF STAY (in this place) 10 YRS d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. ST. JOHN HOSP.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE <i>0396</i> c. CITY OR TOWN SPRINGFIELD d. STREET ADDRESS (If rural, give location) 820 E. WALNUT			
3. NAME OF DECEASED (Type or Print) a. (First) LOYN b. (Middle) ELBERT c. (Last) POOL		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 8, 1952		5. SEX MALE <i>0</i>		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED <i>1</i>		8. DATE OF BIRTH MAY 27 1899		9. AGE (In years last birthday) 53 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Mins. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRES, SUPT. SPFLD ICE & REF. CO.	
11. BIRTHPLACE (City and State or Foreign Country) CALLAO, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN H. POOL		13b. MOTHER'S MAIDEN NAME MARTHA PHIPPS	
14. NAME OF HUSBAND OR WIFE MILDRED POOL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 491-22-2138		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EARL POOL 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		443X	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?		21h. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1948 , 19____, to 8 Sept, 1952 , that I last saw the deceased alive on 13 Aug, 1952 , and that death occurred at 1:30 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Stanley Peterson M.D.</i>		23b. ADDRESS 205 St Louis Springfield		23c. DATE SIGNED 9 Sept 52		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9/10/52		24c. NAME OF CEMETERY OR CREMATORY CALLAO CEMETERY		24d. LOCATION (City, town, or county) (State) CALLAO, MISSOURI	
DATE REC'D BY LOCAL REG. 9/9/52		REGISTRAR'S SIGNATURE <i>Frank Williamson Registrar</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

OCT 3 1957
SEP 23 1952

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, 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.