No. 300
10.48

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

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28233

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3495

1. PLACE OF DEATH
a. COUNTY Jackson 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) 6 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan 0117
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Joseph, Missouri 1
d. STREET ADDRESS (If rural, give location) 117 E. Cliff St.

3. NAME OF DECEASED (Type or Print)
a. (First) Mattie
b. (Middle) Violette
c. (Last) Poague

4. DATE OF DEATH (Month) (Day) (Year) Aug. 2, 1952

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3
8. DATE OF BIRTH June 25, 1893
9. AGE (In years last birthday) 59 — 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) Packing Dept.
10b. KIND OF BUSINESS OR INDUSTRY Quaker Oats Co.
11. BIRTHPLACE (State or foreign country) Versailles, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Waldo Bowlin
13b. MOTHER'S MAIDEN NAME Dorothy Rains
14. NAME OF HUSBAND OR ~~XXXX~~ Allen Poague

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 491-09-9874
17. INFORMANT'S SIGNATURE OR NAME 6721 W. 80th ADDRESS Eugene Bowlin, Overland Pk., Ks.

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Perlonitis
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Perforation Rectum
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 8 59 / 33

11. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death* Dislocation 4th cervical Wheelbrace

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 814
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In way
21c. (CITY, TOWN, OR TOWNSHIP) Oceola, (COUNTY) Clarke, (STATE) Iowa.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 12, 1952
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Automobile Trauma no cars mentioned

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens Coroner 2
23b. ADDRESS 1036 Realty Bldg
23c. DATE SIGNED 8-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE Aug. 5, 1952
24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.
24d. LOCATION (City, town, or county) St. Joseph, Missouri (State)

DATE REC'D BY LOCAL REG. 8-4-52
REGISTRAR'S SIGNATURE Geraldine Holmes H
25. FUNERAL DIRECTOR'S SIGNATURE Tigerman & Sons **ADDRESS** K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1952

OCT 22 1952

AUG 18 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 H. LeRoy Mooney

Licensed Embalmer No. 4776

P. O. Address K. C. 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.