

S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41252**

FILED DEC 5 1952

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **63074** Registrar's No. **225**

1003
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston 15 A,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1000 Morley, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Del. Community Hospital		d. STREET ADDRESS (If rural, give location) Box 13A Missouri	

3. NAME OF DECEASED (Type or Print)	a. (First) Cisro	b. (Middle) XXXXXXXXXXXX	c. (Last) Poe Jr,	4. DATE OF DEATH (Month) (Day) (Year) Nov, 23, 1952
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec, 8, 1897	9. AGE (In years last birthday) 55	10 UNDER 1 YEAR 10 Months	11 UNDER 1 HR. 14 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY Common Labor	11. BIRTHPLACE (City and State or Foreign Country) Alabama	12. CITIZEN OF WHAT COUNTRY? U, S, A
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13a. FATHER'S NAME Cisro Poe	13b. MOTHER'S MAIDEN NAME Readie Wennalt	14. NAME OF HUSBAND OR WIFE Sadie Poe
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes world war I	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sadie Poe R. 1 Box 13 A, Morley.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture - dislocation 1st 2nd cervical vertebra		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 100
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21d. TIME OF INJURY (Month) (Day) (Year) (Clock) Nov 23 1952 1:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto Accident
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22. I hereby certify that I attended the deceased from **Nov 23, 1952**, to **Nov 23, 1952**, that I last saw the deceased alive on **Nov 23, 1952**, and that death occurred at **2:35 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hiram J. Shannon, M.D.	23b. ADDRESS Sikeston, Mo	23c. DATE SIGNED Nov 26, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-25-52	24c. NAME OF CEMETERY OR CREMATORY McMullen	24d. LOCATION (City, town, or county) (State) North West 8 Sikeston, Mo.
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DATE REC'D BY LOCAL REG. 11-29-52	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred J. Smith 1212 Maud St.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SCOTT COUNTY HEALTH CENTER

DEC 1 1952

DEC 1 1952

CO. FILE NO. 1252-330

JAN 5 1953

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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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sixteen, 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.