

FILED MAR 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7263

0930

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

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6067 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Taberville</u>	c. LENGTH OF STAY (In this place) <u>6 years</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Taberville</u> <u>0930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARtha</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>Poling</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1953</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov. 27, 1865</u>
9. AGE (In years last birthday) <u>87 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Henry Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Carter Drake</u>	13b. MOTHER'S MAIDEN NAME <u>Angeline Wilkerson</u>
14. NAME OF HUSBAND OR WIFE <u>Luther Grant Poling</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Poling Taberville Mo</u>		18. ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Influenza virus pneumonia</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>unknown</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> <u>480X</u>	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from <u>2-10</u> , 19 <u>53</u> , to <u>10-21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-28</u> , 19 <u>53</u> , and that death occurred at <u>11:30</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Prof. Richardson Mo.</u>		23b. ADDRESS <u>Giffin Mo.</u>	23c. DATE SIGNED <u>2-20-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 26, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Clair County</u>
DATE REC'D BY LOCAL REG. <u>Feb 26 1953</u>	REGISTRAR'S SIGNATURE <u>Ruth Seewers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & Son Schell City, Mo</u>	ADDRESS _____

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Marion M. Lewis*.....

Licensed Embalmer No. *3084*.....

P. O. Address *Schell City, 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.