S. No. 300
v. 10-48

FILED MAY 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15069

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5819 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Osage township
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): No. Lake Rd 8

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 8150
d. STREET ADDRESS (If rural, give location): Trailor City 8

3. NAME OF DECEASED (Type or Print): a. (First) Homer b. (Middle) Glenn c. (Last) Poe

4. DATE OF DEATH (Month) (Day) (Year): Apr 24 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 25-1926
9. AGE (In years last birthday): 26 — If under 1 year: Months 8, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroader
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (City and State or Foreign Country): Jackson County, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: Homer Poe
13b. MOTHER'S MAIDEN NAME: Mary Armstrong
14. NAME OF HUSBAND OR WIFE: Dolores Poe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 487-26-5415
17. INFORMANT'S SIGNATURE OR NAME: Mrs Homer Poe - Kansas City, Mo — ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Accidental Drowning
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: E 9298
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 071 42
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lake of Ozarks
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Morgan County Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 24 53 11:45 A.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Drowned while attempting rescue of son

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 11:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Gene N. Bartram Coroner 3
23b. ADDRESS: Versailles, Mo.
23c. DATE SIGNED: Apr 26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Apr 27 53
24c. NAME OF CEMETERY OR CREMATORY: Floral Hill Garden
24d. LOCATION (City, town, or county) (State): Jackson County Mo.

DATE REC'D BY LOCAL REG.: May 1-1953
REGISTRAR'S SIGNATURE: J. L. Washburn, M.D. 214
25. FUNERAL DIRECTOR'S SIGNATURE: W. F. Kidwell - Versailles Mo. — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)
Perdera O. Kidwell, Deputy

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

MAY 6 [illegible]

MAY 8 [illegible]

MAY 5 [illegible]

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 Gene R. Bartram

Licensed Embalmer No. 4021

P. O. Address Versailles 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.