No. 300
10-48

FILED SEP 22 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30942

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4012 Registrar's No. 721

0030

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

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rock Port. Mo.,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rock Port. Mo., 0030
d. STREET ADDRESS (If rural, give location): none 0

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

4. DATE OF DEATH (Month) (Day) (Year): 8-9-1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-11-1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 7, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Atchison Co., Mo., 0
12. CITIZEN OF WHAT COUNTRY?: Am.

13a. FATHER'S NAME: Geo. Poe.
13b. MOTHER'S MAIDEN NAME: Sarah Murphy.
14. NAME OF HUSBAND OR WIFE: Laura.

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.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Everett Underwood, Rockport.

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) Carcinoma of the urinary bladder

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. 181X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 7/9/53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the bladder and benign hypertrophy of the prostate
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/1/51, 19__, *to* 8/9/53, 19__, *that I last saw the deceased alive on* 8/9/53, 19__, *and that death occurred at* 7 30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Niedermeyer, MD
23b. ADDRESS: Gorkio Mo.
23c. DATE SIGNED: 8/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-12-1953
24c. NAME OF CEMETERY OR CREMATORY: English Grove Cem.
24d. LOCATION (City, town, or county) (State): Fairfax, Mo.,

DATE REC'D BY LOCAL REG.: 9/17/1953
REGISTRAR'S SIGNATURE: Mabel A. Schooler, Dep. Reg. 443-1
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Bartholomew Mortuary, Rockport.

(Licensed Embalmer's Statement on Reverse Side)

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 Gratz Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Port. 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.