

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43331**

FILED JAN 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5575** Registrar's No. **4**

7000

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grandview</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grandview</b>	
c. LENGTH OF STAY (In this place) <b>10 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>507 Higrove Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>507 Higrove Road</b>		d. STREET ADDRESS (If rural, give location) <b>507 Higrove Road</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Myrah</b> b. (Middle) <b>Jane</b> c. (Last) <b>Poarch</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 16 53</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		
8. DATE OF BIRTH <b>11/7/1882</b>		9. AGE (In years last birthday) <b>71</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Jacksboro, Texas</b>		

13a. FATHER'S NAME <b>John W. Gregory</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Matlock</b>		14. NAME OF HUSBAND OR WIFE <b>James H. Poarch</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Irene Hestand, Grandview, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
		ANCEDECENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>			<b>years</b>
		DUE TO (c) <b>Arterio Sclerosis</b>			<b>years</b>
		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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov 3, 1953**, to **Dec 16, 1953**, that I last saw the deceased alive on **Dec 3, 1953**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ada B. Paden M.D.</b>		23b. ADDRESS <b>Martin City, Mo.</b>		23c. DATE SIGNED <b>12-17-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/19/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Belton Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Belton, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>12/17/53</b>		REGISTRAR'S SIGNATURE <b>Sterling E. Dodard</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>K. George &amp; Sons Inc, Grandview, Mo</b>	
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JAN 8 1950

**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 *Sterling E. Goddard*  
Licensed Embalmer No. 4911

P. O. Address *Grandview 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.