

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44922

State File No.

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4519 Registrar's No. 666

1070

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

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cabool</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cabool</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>C</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Francis</u>	b. (Middle) <u>S.</u>	c. (Last) <u>Poole</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16, 1953</u>
-------------------------------------	---------------------------	-----------------------	------------------------	------------------------------------------------------------

5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 25, 1890</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
------------------	---------------------------	-----------------------------------------------------------------------	---------------------------------------	-------------------------------------------	------------------------	----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
-----------------------------------------------------------------------------------------------------------	-----------------------------------	-------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME <u>Stewart Poole</u>	13b. MOTHER'S MAIDEN NAME <u>Mullins</u>	14. NAME OF HUSBAND OR WIFE <u>Susan Poole</u>
-----------------------------------------	------------------------------------------	------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Susan Poole,</u>	ADDRESS <u>Cabool, Mo,</u>
-----------------------------------------------------------------------------	-------------------------	-------------------------------------------------------	----------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>16 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensated heart</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary infarction</u> <u>1952</u>		
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 <u>420!</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------------------	----------------------------------------------------------------------------------

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	----------------------------

22. I hereby certify that I attended the deceased from Nov 20, 1953 to Dec 15, 1953 that I last saw the deceased alive on Dec 15, 1953 and that death occurred at 3:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Cabool, Mo.</u>	23c. DATE SIGNED <u>12/16/53</u>
-----------------------------------------------------	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-17-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cabool Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cabool, Mo.</u>
---------------------------------------------------------	---------------------------	-----------------------------------------------------------	------------------------------------------------------------------

DATE RECD BY LOCAL REG. <u>12-18-53</u>	REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>ELLIOTT-GENTRY FUN. HOME,</u>	ADDRESS <u>CABOOL, MO.</u>
-----------------------------------------	-------------------------------------------------	-------------------------------------------------------------------	----------------------------

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

James L. Gentry

Licensed Embalmer No. *4718*

P. O. Address

Calool, 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.