

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2119**

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **5801** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twsp.	c. LENGTH OF STAY (In this place) LIFE	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Washington Twsp. 0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 Miles South of Shelbina		d. STREET ADDRESS (If rural, give location) 9 Miles South of Shelbina, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Leslie c. (Last) Poore			4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1954		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 3, 1907	9. AGE (In years last birthday) 47	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Shelby County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
---	--	---	--	--	--	--	--

13a. FATHER'S NAME Leslie A. Poore		13b. MOTHER'S MAIDEN NAME Clara Sparks		14. NAME OF HUSBAND OR WIFE Nora Louise Poore	
---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Roy L. Poore, RFD Shelbina, Mo			
---	-------------------------------------	--	--	--	--

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) Crushed to death between tractor steering wheel and horse sill			INTERVAL BETWEEN ONSET AND DEATH 7 minutes
	ANTECEDENT CAUSES tractor steering wheel and horse sill			
	MORBID CONDITIONS, if any, giving rise to the above cause (c) 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. E9/20 22			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	----------------------------------	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Washington Monroe Mo.		
--	--	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 5 1954 11:15 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Tractor backed down incline under horse crushing him between		
--	---	--	--	--

22. I hereby certify that I attended the deceased from **11-2-1946**, 1946, to **2-5-1954**, 1954, that I last saw the deceased alive on **2-4-1954**, 1954, and that death occurred at **11:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. G. Barnett M.D.		23b. ADDRESS Paris, Missouri		23c. DATE SIGNED 2-6-54	
--	--	-------------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/7/1954	24c. NAME OF CEMETERY OR CREMATORY Shelbina Cemetery	24d. LOCATION (City, town, or county) (State) Shelbina, Missouri		
---	---------------------------	---	---	--	--

DATE REC'D BY LOCAL REG. 2-8-54	REGISTRAR'S SIGNATURE E. L. Robertson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Hayes Shelbina, Mo.	
--	--	--	--	--

WHILE FULFILLING DUTY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 16 1954

FEB 24 1954

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..... *Paul E. Hayes*

Signed.....
Student Embalmer

Licensed Embalmer No..... *4461*

P. O. Address *Shelton, W*

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.