

FILED ~~JAN~~ 30 1954  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26489

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3010 Registrar's No. 316

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Cape Girardeau</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 yr.</b>		• STREET ADDRESS (If rural, give location) <b>520 Bellevue</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Parisian Cleaners (Bdway)</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Homer</b>	b. (Middle) <b>Melton</b>	c. (Last) <b>Poe</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 18 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 14, 1887</b>	9. AGE (In years last birthday) OF UNDER 1 YEAR Months Days OF UNDER 12 HRS. Hours Min. <b>66 10 4</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Merchant</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bloomfield Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Benjamin Poe</b>	13b. MOTHER'S MAIDEN NAME <b>Delle Pratte</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Theora Poe</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>	16. SOCIAL SECURITY NO. <b>555-42-9796</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Theora Poe</b>	ADDRESS <b>Cape Gir Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Angina Pectoris</b>		
	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. _____			

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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Aug 12, 1954, to Aug 18, 1954, that I last saw the deceased alive on Aug 12, 1954, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>H. Washley</b>	(Degree or title) <b>M.D. Cape Girardeau Mo</b>	23b. ADDRESS <b>8-2054</b>	23c. DATE SIGNED <b>8-20-54</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug 20 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Bell City Mo</b>
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DATE REC'D BY LOCAL REG <b>8-23-54</b>	REGISTRAR'S SIGNATURE <b>G. C. Summers</b>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Joe G. Howell</b>	ADDRESS <b>Cape Gir Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 22 1957

AUG 8 1957

**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 .....  
Signature of Student Embalmer

Signed *W. H. Estes*

Licensed Embalmer No. *3560*

P. O. Address *Cape Girardeau*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.