

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>273</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Polk</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hopsville</u>		c. LENGTH OF STAY (in this place) <u>2 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bevier</u>		<u>0610</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home</u>				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>IRG</u> b. (Middle) _____ c. (Last) <u>DOORE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-18-50</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-13-29</u>		9. AGE (in years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work occupying most of working life, or if retired) <u>Retired Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>J. R. Poore</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Porter</u>		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>352-074308</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Poore</u>		ADDRESS <u>Callas 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Systemic Infection &amp; Toxemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Pyelo Nephritis &amp; Cystitis</u>			<u>27 on Mo.</u>	
				DUE TO (c) <u>Metastatic Carcinoma of Prostate</u>			<u>5 years.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>177X</u>				
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) _____		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) _____		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 <u>8/13</u> , 19 <u>50</u> , to <u>9/18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9/18</u> , 19 <u>50</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. M. Ingram</u> (Degree or title) _____				23b. ADDRESS <u>509 So. W. Jefferson, Kirksville</u>		23c. DATE SIGNED <u>9/20/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/30/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Oakwood Park</u>		24d. LOCATION (City, town, or county) (State) <u>Bevier Mo</u>		
DATE REC'D BY LOCAL REG. <u>9-22-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. G. Edwards</u>		ADDRESS <u>Bevier Mo</u>		

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

**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

*J. E. Edwards*

Licensed Embalmer No. 1961

P. O. Address. Berwyn 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.