

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34274**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **284**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia	c. LENGTH OF STAY (In this place) —	c. CITY OR TOWN Sedalia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 801 East 19th St.,		STREET ADDRESS (If rural, give location) 801 East 19th Street	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) F.	c. (Last) POULTER	4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 11, 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months — Days —	IF UNDER 24 HRS. Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Minister	11. BIRTHPLACE (City and State or Foreign Country) Rich Hill, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Sherman Poulter	13b. MOTHER'S MAIDEN NAME Lucy Compton	14. NAME OF HUSBAND OR WIFE Margaret Poulter
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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) No	16. SOCIAL SECURITY NO. Not given	17. INFORMANT'S SIGNATURE OR NAME Margaret Poulter, Sedalia, Mo.	ADDRESS Sedalia, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p align="center">I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. Only a few hours</p> <p align="center">Rt. Hemiplegia.</p> <p align="center">ANTECEDENT CAUSES Hypertension. Over two years.</p> <p align="center">Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p align="center">DUE TO (b) 331X</p> <p align="center">DUE TO (c)</p> <p align="center">II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardio Vascular Disease. Over 2 yrs.</p>		INTERVAL BETWEEN ONSET AND DEATH hours
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Medical only.	20. AUTOPSY? NO YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.	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) (Min.) None.	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 **over 2 yrs**, to **Oct. 30th, 1955**, that I last saw the deceased alive on **Oct. 30th, 1955**, and that death occurred at **7:10 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Jno. B. Carlisle, M.D.	(Degree or title)	23b. ADDRESS Jno. B. Carlisle, M.D. Sedalia, Missouri.	23c. DATE SIGNED 10-31-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/1/1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.
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DATE REC'D BY LOCAL REG. 11-1-55	REGISTRAR'S SIGNATURE Louanna Cooney, Spitz	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Beckert	ADDRESS Sedalia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 22 1960

NOV 21 1960

JAN 27 1960

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 *Russell C. Maag*

Licensed Embalmer No. *48*

P. O. Address *Sedalia,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.