

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39734

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1300

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	d. Is 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) <u>35 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>519 Mason Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>519 Mason Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bernes</u> b. (Middle) <u>Emanuel</u> c. (Last) <u>Poff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 6, 1955.</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>September 10, 1898</u>
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hide sorter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bent Mountain, Virginia</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hide sorter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Armour & Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Jim Poff</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Simpson</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia Poff</u>
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>487-09-1255</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Virginia Poff</u> ADDRESS <u>St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>gastrointestinal bleeding</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lymphocarcinoma</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2001</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) (Min)	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>March</u> , 19 <u>55</u> , to <u>Dec 6</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec. 6</u> , 19 <u>55</u> , and that death occurred at <u>11:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kandal Wood, M.D.</u> (Degree or title)		23b. ADDRESS <u>924 Edmond St., St. Joe., Mo.</u>	23c. DATE SIGNED <u>12/8/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 9, 1955.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>Dec 14, 1955</u>	REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u> <u>485</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Schaefer</u> ADDRESS <u>St. Joseph, 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.....^{***} ^{****}.....
Signature of Student Embalmer

Signed.....*Albert R. Harrington*.....
Licensed Embalmer No.....3258 M.....

P. O. Address..St..Joseph..M.

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.