FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 16093

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 482

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Burge — Length of stay in Hospital 30 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Greene
c. CITY OR TOWN Springfield 394 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 2116 W. Chestnut (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Ed — Middle Hasting — Last Poe
4. DATE OF DEATH: Month May — Day 22 — Year 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 14, 1876
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Frisco
11. BIRTHPLACE (City and state or country): Raleigh, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Neal Poe
14. MOTHER'S MAIDEN NAME: Mary Durham
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Ida Poe — Address: Springfield 2116 W. Chestnut Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Auricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 24 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease — 4-5 yrs
DUE TO (c) Arteriosclerosis generalized — 4-5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a): Benign Prostatic Hypertrophy c retention
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 443X
20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Feb. 1, 1956 to May 22, 1956 and last saw him alive on May 22, '56
Death occurred at 8:40 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. L. Gentry (Degree or title) M.D.
22b. ADDRESS: Medical Bldg. Sigfd Mo
22c. DATE SIGNED: 5-24-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 25, 1956
23c. NAME OF CEMETERY OR CREMATORY: Robberson Prarie
23d. LOCATION (City, town, or county) (State): Greene County Mo.

24. FUNERAL DIRECTOR: Weisendorf — ADDRESS: Springfield Mo.
25. DATE RECD. BY LOCAL REG.: 5-25-56
26. REGISTRAR'S SIGNATURE: Ruth Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Lee Mason.....

Licensed Embalmer No..45

P. O. Address Springfie

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.