

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17257

State File No.

FILED JUN 4 1956

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 2052 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (in this place) <u>10 YRS.</u>	c. CITY OR TOWN <u>Sedalia</u>	d. In 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 <u>105 E. Morgan</u>		e. STREET ADDRESS (If rural, give location) <u>105 E. Morgan</u>	

3. NAME OF DECEASED (Type or Print) <u>Ellis</u>	a. (First)	b. (Middle)	c. (Last) <u>Pool</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 27, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 9, 1890</u>	9. AGE (In years last birthday) <u>65 yrs</u>	10 UNDER 1 YEAR Months	11 UNDER 1 YEAR Days	12 UNDER 1 YEAR Hours	13 UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Prairie Home, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Zack Pool</u>	13b. MOTHER'S MAIDEN NAME <u>Pricilla Bowles</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Pool</u>
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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) <u>Yes W.W.I</u>	16. SOCIAL SECURITY NO. <u>722-07-1439</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sarah Pool</u>	ADDRESS <u>Sedalia, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unresolved Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Weeks</u>
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>Subphrenic Abscess</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Anemia</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>576x</u>	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) (Min.)	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 Sept 19, 1955, to May 27, 1956, that I last saw the deceased alive on May 27, 1956, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. R. Maddox M.D.</u>	23b. ADDRESS <u>Sedalia</u>	23c. DATE SIGNED <u>6-1-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 2, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gogch's Mill Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-1-56</u>	REGISTRAR'S SIGNATURE <u>Julius Craig Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Shepard</u>	ADDRESS <u>400 W. Cooper</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 1956

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 *J. P. Alexander*

Licensed Embalmer No. *43*

P. O. Address *Sedalia*

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.