

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25783

STATE FILE NUMBER

FILED AUG 14 1956

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 164

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Osage Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS 6 Mi. S.E. Rich Hill	
Length of stay in lb 36 hrs.		Reside on Farm Yes No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle LEE Last POULTER			4. DATE OF DEATH July 29 1956			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 27, 1886	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 7 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Quincy Illinois		
13. FATHER'S NAME James Poulter			14. MOTHER'S MAIDEN NAME Jane Kelley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Clifford Christopher Mo. Address Rich Hill		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple rib fractures, laceration R lung, laceration to kidney - cerebral concussion			INTERVAL BETWEEN ONSET AND DEATH 33 hrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Automobile Accident					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).					19. WAS AUTOPSY PERFORMED? NO

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automobile Accident				
20c. TIME OF INJURY 11:30 a. m. 7-28-56					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Rural Road	20f. CITY, TOWN, OR LOCATION Rich Hill COUNTY Bates STATE Mo
21. I attended the deceased from July 28 1956 to July 29 1956 and last saw her alive on July 29 1956 . Death occurred at 8:47 pm on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Wm. Allen (Degree or title)	22b. ADDRESS Nevada Mo	22c. DATE SIGNED 8/4/56

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7/31/56	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Rich Hill, Missouri
24. FUNERAL DIRECTOR Booth Funeral Home - Rich Hill Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 8-7-1956	26. REGISTRAR'S SIGNATURE Arnal E. Ferry

S. 300
y. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Jahn E. Underwood*

Licensed Embalmer No. *358*

P. O. Address *Rutherford*

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.