

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 27 1956 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 382

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson MO</u>	
c. LENGTH OF STAY (in this place) <u>7 Days</u>		d. STREET ADDRESS (If rural, give location) <u>115 W Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S E Mo Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fredrick</u> b. (Middle) <u>William</u> c. (Last) <u>Pohlman</u>			4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>11</u> (Year) <u>1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 31 1889</u>	9. AGE (In years last birthday) <u>67</u>	10. BIRTHPLACE (State or foreign country) <u>Hilderbrand Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Deputy Sheriff</u>			11. BIRTHPLACE (State or foreign country) <u>Hilderbrand Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>Fred Pohlman</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Emde</u>	14. NAME OF HUSBAND OR WIFE <u>Core Ruppel</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>No</u>	16. SOCIAL SECURITY NO. <u>488 38 1219</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Irwin Shell</u>	ADDRESS <u>Oak Ridge 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>Coronary Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		

19a. DATE OF OPERATION <u>4 20 1</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 8-5, 1956, to 8-11, 1956, that I last saw the deceased alive on 8-11, 1956, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E.F. McDonald, MD</u>	(Degree or title)	23b. ADDRESS <u>Jackson, Mo.</u>	23c. DATE SIGNED <u>8-15-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 14 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Church</u>	24d. LOCATION (City, town, or county) (State) <u>Fredhime Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-20-56</u>	REGISTRAR'S SIGNATURE <u>L. C. Summers</u>	EMERALD DIRECTOR'S SIGNATURE <u>McCombs</u>	ADDRESS <u>Jackson Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

44-0

2001 11 28 90021

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
Student Embalmer

Signed B. A. Meyer.....

Licensed Embalmer No. 3051.....

P. O. Address Jackson Mo......

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 this body is not embalmed, fact should be so stated above.