

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37492**

FILED DEC 14 1956

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>4157</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>			
b. CITY OR TOWN <u>Pattonsburg</u>		c. LENGTH OF STAY (in this place township) <u>85 Yrs.</u>		c. CITY OR TOWN <u>Pattonsburg</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION --				STREET ADDRESS (If rural, give location) <u>0310</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nicholas Lee Poage</u> b. (Middle) c. (Last)			4. DATE OF DEATH <u>12-7-1956</u> (Month) (Day) (Year)				
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>3-19-1871</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Land Owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pattonsburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob L. Poage</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Savage</u>		14. NAME OF HUSBAND OR WIFE <u>Eleanor Poage</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>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eleanor Poage, Pattonsburg, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complete Obstruction of Esophagus</u> INTERVAL BETWEEN ONSET AND DEATH <u>28 Days</u> ANTECEDENT CAUSES <u>Isogenous</u> DUE TO (b) <u>Stenosis Of Lower End of Esophagus</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 Years</u> 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		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>Oct 7, 1956</u> , to <u>Dec 7, 1956</u> , that I last saw the deceased alive on <u>Dec 6, 1956</u> and that death occurred at <u>5:00A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Graham</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>Jameson, Mo.</u>		23c. DATE SIGNED <u>12-8-1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-10-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pattonsburg, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-11-56</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis Zuest</u> <u>Pattonsburg, Mo.</u>			

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

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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 *Louis R. Hunt*.....

Licensed Embalmer No. *409A*

P. O. Address *Pattonshur*

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.