

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-46

FILED FEB 11 1957

BIRTH NO. _____ REG. DIST. NO. 443 PRIMARY REG. DIST. NO. 4063 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u>		c. CITY OR TOWN <u>Hamilton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>30 Yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>0130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Alvin</u>	b. (Middle) <u>Eustace</u>	c. (Last) <u>Poor</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31, 1957</u>
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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>July 30, 1872</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Retired Plumber</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>New Philadelphia, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Alvin Poor</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Robinson</u>	13c. NAME OF HUSBAND OR WIFE <u>May L. Poor</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. May Poor</u>	ADDRESS <u>Hamilton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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? <u>Yes</u> YES <input checked="" type="checkbox"/> NO <input 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) <u>332K</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 Jan 13, 1957, to Jan 31, 1957, that I last saw the deceased alive on Jan 30, 1957, and that death occurred at 6:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herbert R. Brock M.D.</u>	23b. ADDRESS <u>Hamilton Mo</u>	23c. DATE SIGNED <u>2/2/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-2-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-6-57</u>	REGISTRAR'S SIGNATURE <u>Gladya Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris A. Bram</u>	ADDRESS <u>Hamilton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

37-8

mo.

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 *Morris A. Bran*.....
Licensed Embalmer No. *3918*

P. O. Address *Hamilton*.....

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.