No. 300
10-48

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2253

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 82

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

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1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (In this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Camden
c. CITY OR TOWN: Camdenton
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): 0 15 0

3. NAME OF DECEASED (Type or Print)
a. (First): BENJAMIN
b. (Middle): R.
c. (Last): POULTER

4. DATE OF DEATH (Month) (Day) (Year): Jan. 10, 1957

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 8, 1893
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator
10b. KIND OF BUSINESS OR INDUSTRY: Grocery-Filling Station
11. BIRTHPLACE (City and State or Foreign Country): Johnson County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Elijah T. Poulter
13b. MOTHER'S MAIDEN NAME: Mary Burr Winfrey
14. NAME OF HUSBAND OR WIFE: Mrs. Lois M. Poulter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: 494-22-0145
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Lois M. Poulter Camdenton, Mo.

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): Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute Renal Failure
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Carcinoma, Prostate. 177X
20. AUTOPSY? 2 YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1956 *to* Jan, 1957, *that I last saw the deceased alive on* 10 Jan, 1957, *and that death occurred at* 9:30 A., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P V Siegel MD 0
23b. ADDRESS: Smithton MO
23c. DATE SIGNED: 1/10/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 10, 1957
24c. NAME OF CEMETERY OR CREMATORY: Hickory Point Cemetery
24d. LOCATION (City, town, or county) (State): Northwest of Green Ridge Mo.

DATE REC'D BY LOCAL REG.: 1-14-56
REGISTRAR'S SIGNATURE: Lorna Coontz, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Glen E. Heck Funeral Home Green Ridge Mo.
Glen E. Heck

(Licensed Embalmer's Statement on Reverse Side)

2 5 1 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Glen E. Heck

Licensed Embalmer No. 406

P. O. Address Green Ridge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.