

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36599**
Registrar's No. **62**

FILED NOV 4 1957

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5715**

1. PLACE OF DEATH a. COUNTY one Donald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY one Donald	
b. CITY OR TOWN Jane, mo.		c. CITY OR TOWN Jane, mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) R.F.D. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane mo R.F.D. 1			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) EFTON c. (Last) POE			4. DATE OF DEATH (Month) (Day) (Year) 10 22 1957		
--	--	--	--	--	--

5. SEX m	6. COLOR OR RACE au	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-23-1905	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Days 7 YEAR 29	IF UNDER 24 HRS. Hours Min.
-----------------	----------------------------	---	-----------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY General Farm	11. BIRTHPLACE (City and State or Foreign Country) Barry Co. mo.	12. CITIZEN OF WHAT COUNTRY? us
--	---	---	--

13a. FATHER'S NAME Jim Pol	13b. MOTHER'S MAIDEN NAME Jannie Rhodes	14. NAME OF HUSBAND OR WIFE Jewell Poe
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Jewell Poe Jane, mo.	ADDRESS
--	-------------------------	---	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Stenosis DUE TO (c) Chronic Myocarditis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma			

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 **6-1**, 19**51**, to **10-22**, 19**57**, that I last saw the deceased alive on **10-21**, 19**57**, and that death occurred at **12:20** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Blankenship, M.D.	23b. ADDRESS Anderson mo.	23c. DATE SIGNED 10-23-57
--	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-24-1957	24c. NAME OF CEMETERY OR CREMATORY Roller cemetery	24d. LOCATION (City, town, or county) (State) Powell Mo
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. 10-24-57	REGISTRAR'S SIGNATURE Maynard Humphrey	25. FUNERAL DIRECTOR'S SIGNATURE R.M. Humphrey	ADDRESS Powell Mo.
--	---	---	---------------------------

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

423

NOV 26 1961

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 *J. M. Humphrey Jr.*.....

Licensed Embalmer No. *4708*.....

P. O. Address *Noel Me*.....

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.