

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 22 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2317

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 5947 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo.</u> b. COUNTY <u>Phelps</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dawson Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Rural Dawson Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>			Length of stay in lb <u>35 yrs.</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <u>John E. Pohl</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>11</u> Year <u>1958</u>									
5. SEX <u>male</u>		6. COLOR, OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 8 - 1877</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>Marion Co. Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Chas. Pohl</u>						14. MOTHER'S MAIDEN NAME <u>LISETTA STUHMACHER</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>				16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Clarence Pohl - St. James, Mo</u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ch. Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chalycistitis &amp; Ch Bronchitis</u> DUE TO (c) <u></u>										INTERVAL BETWEEN ONSET AND DEATH <u></u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>585X</u>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u></u>										
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>			20f. CITY, TOWN, OR LOCATION <u></u>			COUNTY <u></u>		STATE <u></u>		
21. I attended the deceased from <u>Dec 26, 1957</u> to <u>Jan 10, 1958</u> and last saw <u>him</u> alive on <u>Jan 10, 1958</u> Death occurred at <u>11:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Dr. E. G. Scott, M.D.</u>						22b. ADDRESS <u>St James, Mo</u>				22c. DATE SIGNED <u>1-13-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>1-14-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greene Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Phelps Co. Mo.</u>					
24. FUNERAL DIRECTOR <u>Dr. E. Lieblin - St James Mo.</u>				ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>1-14-58</u>		26. REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>					

RECEIVED

Phelps County Health Officer

County File Number

943

Date Filed

1/20/58

APR 29 1958

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 me, Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed Orville E. Licklider

Licensed Embalmer No. 354

P. O. Address St James

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