

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009427  
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 115

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Warrenton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>		Length of stay in lb <b>4 wks.</b>	d. STREET ADDRESS (If outside, give location) <b>502 N. 47</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>F.</b> Last <b>Poise</b>			4. DATE OF DEATH Month <b>April</b> Day <b>6</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 13, 1891</b>		9. AGE (In years last birthday) <b>66</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerical worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail stores</b>		11. BIRTHPLACE (City and state or country) <b>Warren County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Charles Fred Poisse</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Hunker</b>	
14. NAME OF HUSBAND OR WIFE <b>Ella Smith</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War I</b>		16. SOCIAL SECURITY NO. <b>499-01-0004</b>	
17. INFORMANT <b>Mrs. Henry F. Poisse</b>		Address <b>502 N. 47</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Intermittent Heart Disease with acute failure</b> <b>Hypertensive Crisis &amp; acute renal disease with</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>chronic Bronchitis &amp; Pulmonary interstitial disease</b> DUE TO (c) <b>obesity</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>442X</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>4 weeks</b>	
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.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		0			
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>March 10 1958</b> to <b>April 6 1958</b> and last saw him alive on <b>April 5 1958</b> Death occurred at <b>12:45 A.</b> m on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE (Date or title) <b>Donald J. Hochstadt MD</b>			22b. ADDRESS <b>Warrenton Mo</b>		22c. DATE SIGNED <b>4-7-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-9-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Warrenton Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Warrenton, Mo.</b>
24. FUNERAL DIRECTOR <b>F.W. Nieburg &amp; Co., Warrenton, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>4/8/58</b>	26. REGISTRAR'S SIGNATURE <b>F.P. Johnson &amp; L.P. Johnson</b>

MAY 15 1958  
 APR 17 1958  
 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.

**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 \_\_\_\_\_

John Schilling  
 Licensed Embalmer No. 3897  
 P. O. Address Warrenton, OR

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.