

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021697

STATE FILE NUMBER

FILED JUN 23 1958

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 819

300
-57

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Clinton ⁰⁷²²	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp.		d. STREET ADDRESS (If outside, give location) 215 W. Grandriver	
3. NAME OF DECEASED (Type or print) First Middle Last Lorena Lee Poague		4. DATE OF DEATH Month Day Year June 11 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 17, 1906m
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nurse		10b. KIND OF BUSINESS OR INDUSTRY ***	11. BIRTHPLACE (City and state or country) Midway, Kentucky
13a. FATHER'S NAME John G. Whallon		13b. MOTHER'S MAIDEN NAME Florence Hancock	14. NAME OF HUSBAND OR WIFE Ernest E. Poague
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, state dates of service) No		16. SOCIAL SECURITY NO. 500-54-2998	17. INFORMANT Address Ernest E. Poague Clinton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Infection severe -</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 mos.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Carcinomatosis</i>			<i>2 mos.</i>
DUE TO (c) <i>Pneumonia</i>			<i>5 mos.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <i>5-3-1954</i> to <i>6-11-58</i> and last saw her alive on <i>6-11-58</i> Death occurred at <i>8:30 pm</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W.D. Gassdshaw, M.D.</i>		22b. ADDRESS <i>114 W. Jefferson Clinton, Mo</i>	22c. DATE SIGNED <i>6/14/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 13, 58	23c. NAME OF CEMETERY OR CREMATORY Englewood	23d. LOCATION (City, town, or county) Clinton, Missouri
24. FUNERAL DIRECTOR Consalus		ADDRESS Clinton, Missouri	25. DATE RECD. BY LOCAL REG. <i>6-13-58</i>
26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS MAY 18 1959

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 *Eugene R. Conovalus*

Licensed Embalmer No. *4680*

P. O. Address *Clinton, Mo.*

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.