

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027958  
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Milan		c. CITY OR TOWN Milan 1050	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sull. Co. M. Hosp		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 2 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Delia Genevieve Poole		4. DATE OF DEATH Month 8 Day 3 Year 1958	
5. SEX F. M. /	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-29-1873
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Cleveland Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Bryan Cavanaugh		14. MOTHER'S MAIDEN NAME Bridget Moran	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Address Jane Poole Phillips Milan 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) Left Ventricular Fibrillation DUE TO (b) Coronary artery 2 1/2 pt. stenosis DUE TO (c) Secondary embolism PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 5 min 1 hr 10 min
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			4342
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 Month, Day, Year a. m. p. m.			
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 Milan		20g. COUNTY Sullivan STATE Mo.	
21. I attended the deceased from July 1958 to Aug 1958 and last saw her alive on 2/3/58 Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph S. Sullivan		22b. ADDRESS 22c. DATE SIGNED 8/5/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-6-58	
23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemi.		23d. LOCATION (City, town, or county) Milan - Mo. (State)	
24. FUNERAL DIRECTOR ADDRESS Schone's 577 Douglas Schone Milan Mo 5-6-58		25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett	

Health, Welfare Public Service  
050  
300  
1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
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

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 *Dwight Scherer*.....

Licensed Embalmer No. *266*.....

P. O. Address *Mulan -*.....

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.