

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040461

STATE FILE NUMBER

FILLED DEC 2 1958

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 225

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cartersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cartersville 0490		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 411 N. Kentucky		Length of stay in 1b 1 year	d. STREET ADDRESS (If outside, give location) 411 N. Kentucky		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Rosemary Poole			4. DATE OF DEATH Month Day Year November 29, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1931 November 21, 1931		9. AGE (In years last birthday) 27 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Arlington, N.J.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Glenn W. Poole		13b. MOTHER'S MAIDEN NAME Cecile Marie Carter		14. NAME OF HUSBAND OR WIFE	
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. None	17. INFORMANT Address Mrs Cecile Marie Poole, Cartersville 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) CEREBRAL HEMORRHAGE					INTERVAL BETWEEN ONSET AND DEATH 48 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GRAND MAL 331X					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.)			
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 COUNTY STATE	
21. I attended the deceased from JUNE 1957 to 11-29-58 and last saw her alive on 11-28-58 Death occurred at 8:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M. Pence DO 2			22b. ADDRESS CARTERSVILLE, MO		22c. DATE SIGNED 11-29-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-2-58	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park		23d. LOCATION (City, town, or county) (State) Joplin Mo
24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home Webb City Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 11-29-58	26. REGISTRAR'S SIGNATURE Mrs. Madeline Smitzer	

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION 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 *Richard H. Law*

Licensed Embalmer No. *4405*

P. O. Address... *Wab City, 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.