

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020733

STATE FILE NUMBER

FILED JUL 9 1959

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 81

S. 300
1-57

1. PLACE OF DEATH a. COUNTY CLAY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CLAY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LIBERTY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN SMITHVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION I.O.O.F. HOSPITAL		Length of stay in lb 15 WEEKS	STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle ARTHUR Last POFF			4. DATE OF DEATH Month JUNE Day 24 Year 1959		
5. SEX MALE	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 APR. 30, 1913	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY STOCK & GRAIN	11. BIRTHPLACE (City and state or country) GOWER, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME ALVA J. POFF		13b. MOTHER'S MAIDEN NAME ALMA HAWKINS		14. NAME OF HUSBAND OR WIFE JESSIE PEARL POFF	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 496-05-6814	17. INFORMANT Address SMITHVILLE, MO. MRS. JESSIE PEARL POFF,		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Recurrent Brain tumor - Sequela 4 years				INTERVAL BETWEEN ONSET AND DEATH	
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)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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.) 1930			
20c. TIME OF INJURY Hour _____ 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 Liberty Mo		COUNTY _____ STATE _____	
21. I attended the deceased from Mar 26 to _____ and last saw him alive on June 24-59 Death occurred at 200P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Wm. G. Gadsden		(Degree or title)		22b. ADDRESS Liberty Mo	
22c. DATE SIGNED 6/24/59					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-29-1959		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY	
23d. LOCATION (City, town, or county) SMITHVILLE, MISSOURI		(State)			
24. FUNERAL DIRECTOR McCOMAS FUNERAL HOME,		ADDRESS SMITHVILLE, MO.		25. DATE RECD. BY LOCAL REG. 6-29-59	
26. REGISTRAR'S SIGNATURE Mabel Abraham					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.



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 S. P. McCombs

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.