DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-035448

STATE FILE NUMBER

FILED VS. NOV. 9 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 396

AMENDED

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 82 yr
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Francis Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Cape
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 716 A Bdway — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Joe — Middle: — Last: Poe

4. DATE OF DEATH: Month: Oct — Day: 28 — Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Mar 5 1877
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months 7 Days 23 — IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Marquette Cement Co.
11. BIRTHPLACE (City and state or country): Egypt Mills Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: Eugene Poe
13b. MOTHER'S MAIDEN NAME: Sarah Kiser
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 490-05-7746
17. INFORMANT — Address: Mrs Gladys Green, Cape Gir Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Cerebral vascular accident or myocardial infarction — 12 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — yens
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Questionable Carcinoma of bladder

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4-18-59, to 10-28-59 and last saw ~~her~~ him alive on 10-28-59
Death occurred at 9:10 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. R. Seabaugh, M. D.
22b. ADDRESS: 219 North Pacific, Cape Girardeau, Mo.
22c. DATE SIGNED: 11-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct 30 1959
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park
23d. LOCATION (City, town, or county) (State): Cape Girardeau Mo.

24. FUNERAL DIRECTOR — ADDRESS: Brinkopf-Howell - Cape Gir Mo
25. DATE RECD. BY LOCAL REG.: 11-6-59
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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 _____ Signed Neil H. Grossheider
Signature of Student Embalmer

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.