MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031442
STATE FILE NUMBER

FILED VS AUG 19 1960

Registration District No. 237 Primary Registration District No. 5825 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parma, Mo
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Two Mile North Of Parma
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY New Madrid
c. CITY OR TOWN Parma Mo
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Zella Middle: Mae Last: Poole
4. DATE OF DEATH Month: July Day: 25 Year: 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Mar 14/1882
9. AGE (Last birthday) 78
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Springfield Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME (?) Curley
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Joe Poole
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. —
17. INFORMANT Charline Fitzmaurice Address Parma Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac decomp.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old age
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 July 25/60, to July 25/60 and last saw her alive on July 25/60
Death occurred at 2:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. Geo W Hunsted M.D. (Degree or title)
22b. ADDRESS Parma, Mo
22c. DATE SIGNED 8/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-28-1960
23c. NAME OF CEMETERY OR CREMATORY Little Prairie Cem.
23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri

24. FUNERAL DIRECTOR LaForge Undertkg. Co.
ADDRESS Caruthersville
25. DATE RECD. BY LOCAL REG. 8/1/60
26. REGISTRAR'S SIGNATURE Dr. Geo W Hunsted, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Noel C Dean

Licensed Embalmer No. 394

P. O. Address Cou

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