URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1960

5629-60-042212
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 3 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General Hosp. — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 5202 N Kellaire — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Alice Middle May Last Poe
4. DATE OF DEATH Month 11 Day 5 Year 60
5. SEX female
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 12/22/79
9. AGE (last birthday) 80 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Excelsior Springs Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William Hicks.
13b. MOTHER'S MAIDEN NAME Jennie —
14. NAME OF HUSBAND OR WIFE Thomas N. Poe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Edgar Allen Poe — Address Holt, 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) Adenocarcinoma of the head of Pancreas - Malignant
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)

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 10-20-60, to 11-5-60 and last saw her alive on 11-5-60
Death occurred at 11 24 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leo E Johns Jr MD
22b. ADDRESS 2400 Cherry City
22c. DATE SIGNED 11/7/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-8-1960
23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cem
23d. LOCATION (City, town, or county) (State) Excelsior Springs Mo
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomers Sons N.K.C.
25. DATE RECD. BY LOCAL REG. 11/8/60
26. REGISTRAR'S SIGNATURE H. L. Durger 11/7/60

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Leo E. Johns, Jr. 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Glenn W. Hill

Signature of Student Embalmer

Licensed Embalmer No. 4586

P. O. Address K. C. 18, Mo

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.