

## OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012506

STATE FILE NUMBER

Registration District No. 11

Primary Registration District No. 5043

Registrar's No. 25

AMENDED

FILED APR 20 1961

1. PLACE OF DEATH a. COUNTY <b>Borwy Barry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Borwy Barry</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sugar Creek</b>		Length of stay in 1b <b>32 yrs</b>		c. CITY OR TOWN <b>Seligman</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. #2 Seligman Missouri</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Route # 2 East Seligman</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <b>William Benjiman Poe</b>				4. DATE OF DEATH Month Day Year <b>4 2 1961</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9/19/1888</b>		9. AGE (last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Garfield Arkansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>					
13a. FATHER'S NAME <b>Allen Poe</b>				13b. MOTHER'S MAIDEN NAME <b>Harriet Craig</b>				14. NAME OF HUSBAND OR WIFE <b>Bessie Poe</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. Bessie Poe Rt. #2 Seligman Missouri</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>?</b> DUE TO (c) <b>?</b>										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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.		Month, Day, Year											
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 <b>Did not attend him for this sickness</b> on <b>4-1-61</b> . Death occurred at <b>4:30</b> <b>P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Chas. R. Brown M.D.</b>						22b. ADDRESS <b>Seligman Mo.</b>			22c. DATE SIGNED <b>4-6-61</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/5/1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New Salem Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Near Seligman Mo. Barry Co.</b>						
24. FUNERAL DIRECTOR ADDRESS <b>Miller Sisco Funeral Home Pea Ridge Ark</b>				25. DATE RECD. BY LOCAL REG. <b>4-12-1961</b>		26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>							

(Licensed Embalmer's Statement on Reverse Side)

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAY 5 1961

APR 27 1961

**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 Billy B. Lisco

Licensed Embalmer No. 781

P. O. Address Sea Ridge Ave

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.