

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025422
3176 STATE FILE NUMBER

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

AMENDED FILED JUL 17 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF J. P. McCalla

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY Shawnee | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in 1b 3 1/2 mo. | c. CITY OR TOWN TOPEKA |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JACKSON COUNTY HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3210 N. CENTRAL |
| 3. NAME OF DECEASED (Type or print) First EARL Middle Last Poe, Sr. | | 4. DATE OF DEATH Month June Day 24 Year 1961 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Aug 31, 1891 |
| 9. AGE (last birthday) 69 | | 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) RETIRED LABORER | | 10b. KIND OF BUSINESS OR INDUSTRY Co. Hiway Dept. | 11. BIRTHPLACE (City and state or country) Excelsior Springs, Mo. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Thomas Poe | |
| 13b. MOTHER'S MAIDEN NAME Julius Smith | | 14. NAME OF HUSBAND OR WIFE MAUDE POE - dec'd. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. UNKNOWN | 17. INFORMANT HAROLD L. POE 819 So. Valley K.C.K. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atherosclerotic Heart Disease | | | INTERVAL BETWEEN ONSET AND DEATH Unknown |
| 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) Bronchial Asthma | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 4-7-61 to 6-24-61 and last saw her/him alive on 6-23-61 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE J. P. McCalla, M.D. (Degree or title) | | 22b. ADDRESS Jackson Co. Hospital | 22c. DATE SIGNED 6-25-61 |
| 23a. MANNER OF DEATH (Specify) BURIAL | 23b. DATE JUNE 27, 1961 | 23c. NAME OF CEMETERY OR CREMATORY BELTON CEMETERY | 23d. LOCATION (City, town, or county) (State) BELTON MO. |
| 24. FUNERAL DIRECTOR GEO. C. CARSON & SONS INDEP. MO. | | 25. DATE RECD. BY LOCAL REG. 6-26-61 | 26. REGISTRAR'S SIGNATURE Ruth Long |

Pl 3 3600

Q 2 0350

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 Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy., 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.