

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-030209

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 5157 Registrar's No. 210

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1-14-6  
2-1-40

3  
4 0  
5 1  
6  
7 0  
8 2  
9 153.3  
10  
11  
12 90-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF BIRTH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Callaway</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Steedman Auxvasse Twp</u> Length of stay in 1b <u>14 yrs.</u>		c. CITY OR TOWN <u>Steedman</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural Route Steedman</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rural Route</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Shencer</u> Middle <u>Poff</u> Last <u>Poff</u>			4. DATE OF DEATH Month <u>August</u> Day <u>14</u> Year <u>1962</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/24/1908</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>State Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Att. State Hosp.</u>	9. AGE (last birthday) <u>59</u>
11a. FATHER'S NAME <u>William Poff</u>		11b. MOTHER'S MAIDEN NAME <u>Jessie Lee Daniels</u>	11. BIRTHPLACE (City and state or country) <u>Columbia, Mo.</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.II</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		14. NAME OF HUSBAND OR WIFE <u>Viola Poff</u>	
IMMEDIATE CAUSE (a) <u>Carcinoma of the sigmoid with metastases to</u>		Address <u>Mrs. Shencer Poff, Steedman, Mo.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>the liver</u>		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (c)		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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>6:00</u> Month, Day, Year <u>8/14/62</u> s.m. p.m.			
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 <u>8/14/62</u> to <u>8/14/62</u> and saw the body on <u>8/14/62</u> and the cause of death was <u>as stated above</u> and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James K. Atterbush M.D. State Neg. Fulton Mo.</u>		22b. ADDRESS <u>State Neg. Fulton Mo.</u>	22c. DATE SIGNED <u>8/16/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/16/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Reform Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Callaway County, Mo.</u>
24. FUNERAL DIRECTOR <u>Manhin Funeral Home, Fulton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug-16-1962</u>	26. REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>

AUG 6 1963

**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 Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.