

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033392

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 6145 Registrar's No. 35

FILED AUG 22 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1620
2 1020
3
4 0
5 1
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7 1
8 0
9 9
10 8
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12 90-2
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | |
|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Shelby</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salt River Twsp.</u> | | Length of stay in 1b <u>13 Years</u> | | c. CITY OR TOWN <u>Salt River Twsp.</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>2 Mi. N. W. Shelbina</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>2 Mi. S. W. of Shelbina</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) <u>John Franklin Poor</u> | | | 4. DATE OF DEATH Month <u>August</u> Day <u>19</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>Nov. 5, 1894</u> | 9. AGE (last birthday) <u>67</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> | | 11. BIRTHPLACE (City and state or country) <u>Chatham, Illinois</u> | |
| 10c. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John C. Poor</u> | | 13b. MOTHER'S MAIDEN NAME <u>Eva Mae Bridges</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Elsie A. Poor</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u> | | | |
| 16. SOCIAL SECURITY NO. <u>0</u> | | 17. INFORMANT Address <u>Mrs. Elsie Poor, R#3, Shelbina, Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho Pneumonia</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardio Renal Edema</u> | | | | | <u>2 years</u> |
| DUE TO (c) <u>Partial obstruction of inferior vena-cava 2 yrs.</u> | | | | | |
| 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 <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u> | | 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>May 2, 1961</u> to <u>Aug. 19, 1962</u> and last saw her/him alive on <u>Aug. 19, 1962</u> Death occurred at <u>7:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Joseph H. Tome, D.O.</u> | | | 22b. ADDRESS <u>Shelbina, Missouri</u> | | 22c. DATE SIGNED <u>8/20/62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>Aug. 22, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Shelbina Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Shelbina, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Hayes Funeral Home, Shelbina, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Aug. 20, 1962</u> | | 26. REGISTRAR'S SIGNATURE <u>Marianne Simpson</u> | |

USE BLACK INK OR TYPEWRITER RIBBON

Received Permit 8-20-62 M

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 Paul E. Hayes
4461

Licensed Embalmer No. _____

P. O. Address Shelbina, 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.