

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039742

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 142

FILED NOV 7 1962

DO NOT WRITE ON THIS STUB VS 300 Rev. 4/59 1 0822 2 8120 3 4 0 5 1 6 7 1 8 2 9 420.1 10 11 12 1-0 13 2-0	AMENDED	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	SHOULD READ	BY AFFIDAVIT OF	ITEM NO.
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1. PLACE OF DEATH a. COUNTY PIKE CO.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILL b. COUNTY PIKE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA, MO.		Length of stay in 1b 14 DAYS	c. CITY OR TOWN ROCKPORT, ILL. RFD	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE CO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ATLAS TWP		Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRED Middle Last POOR			4. DATE OF DEATH Month OCT. Day 31 Year 1962			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1886	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months 0 Yrs 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) BELLEVIEW, ILL.	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME ALLEN POOR		13b. MOTHER'S MAIDEN NAME ELIZA HEAVENER		14. NAME OF HUSBAND OR WIFE BESSIE DAVIS POOR		
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.		17. INFORMANT Address Bessie Poor Rockport Ill		
18. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Occlusion DUE TO (b) Arterio Sclerotic Hypertension Cordes Vasculor Dis DUE TO (c) 5 yr Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 1 hr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 10/22/62 Supra-pubic prostatectomy, Bi-lateral Vasectomy					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 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 _____ 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 1958 to 10/31/62 and last saw ^{her} him alive on 10/31/62 Death occurred at 12:58 PM on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Chas H Lemell MD			22b. ADDRESS 122 S. 3rd, Louisiana, Mo.		22c. DATE SIGNED 11/2/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11/4/62	23c. NAME OF CEMETERY OR CREMATORY POOR		23d. LOCATION (City, town, or county) (State) CALHOUN CO. ILL.	
24. FUNERAL DIRECTOR ADDRESS FRANK WARD PLEASANT HILL, ILL.			25. DATE RECD. BY LOCAL REG. 11-2-62	26. REGISTRAR'S SIGNATURE Bernice Collier		

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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,

Ward Funeral Home, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Frank Ward

Licensed Embalmer No. 9620

P. O. Address Pleasant Hill, Ill

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.