

CERTIFICATE OF DEATH

124 69 0046630

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 1090

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/68

4. 0621

5. 01

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 0620

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. CECIL LESTER POGNE SR		2. M.	3. NOV. 7 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. W	5a. 66	5b.	6. MARCH 3 1903	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7a. FREDERICKTOWN		7b. MADISON MEMORIAL HOSP.		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. MISSOURI	9. USA	10. MARRIED		11. LEATHA TUCKER
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY
12. 493-09-1821		13a. STOCKMAN		13b. CATTLE
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. MO.	14b. MADISON	14c. FREDERICKTOWN	14d. NO	14e. DT #2
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. JAMES POGNE		16. SARAH MATTHEWS		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. LEATHA POGNE		17b. RFD #2 FREDERICKTOWN MO.		
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		
18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
(a) Cardiovascular Vascular Failure				
DUE TO, OR AS A CONSEQUENCE OF:				
(b) Arteriosclerotic Cardiovascular Disease				
DUE TO, OR AS A CONSEQUENCE OF:				
(c)				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), (b), (c), STATING THE UNDERLYING CAUSE LAST				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				ANTOPSY (YES OR NO)
19. Pyelonephritis; Uremia; Osteo-arthrits;				19a. YES
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20a. DATE OF INJURY (MONTH, DAY, YEAR)				20b. HOUR
20c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				20d. M. 70d.
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20e.		20f.		20g.
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21a. I ATTENDED THE DECEASED FROM		21b. TO		21c. 5:40 a.m.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR
22a. Arthur D. Newcomb, M.D.		22b. November 7, 1969		22c. 5:40 a.m.
23a. MAILING ADDRESS—CERTIFIER		23b. SIGNATURE		23c. DATE SIGNED (MONTH, DAY, YEAR)
23d. 115 So. Wood Avenue		23e. Fredericktown Missouri		23f. 11-10-69
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE
24a. BURIAL		24b. HILLVIEW MEMORIAL		24c. FARMINGTON MO
24d. DATE (MONTH, DAY, YEAR)		24e. FUNERAL HOME—NAME AND ADDRESS		24f. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP
24g. NOV. 9-1969		24h. WILSON		24i. FREDERICKTOWN MO
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR
25a. Ray Wilson		25b. J. Donald Ray, Act. Reg. Per M.		25c. 11-14-69

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

NOV 20 1969

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 Raymond B. Wilson

Licensed Embalmer No. 4889

P.O. Address Fredericktown, 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.