

15871

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 29 1957

STATE FILE NUMBER

Registration District No. 336

Primary Registration District No. 6128

Registrar's No. 414

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Shannon		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eminence, Missouri		a. STATE Missouri		b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eminence, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Eminence, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence		Length of stay in lb life		d. STREET ADDRESS 4 miles east		(If outside, give location) Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. SEX	
First Johnathan		Middle L.		Last Pogue		Month Day Year April 9, 1957	
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 17, 1957	
9. AGE (In years (of birthday)) 13		10. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Reynolds Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming			
13. FATHER'S NAME Wiley Pogue				14. MOTHER'S MAIDEN NAME Charity Chetwood			
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. none		17. INFORMANT Myrtle Pogue Address Eminence, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pul. carcinoma - Rt apex DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 163x							INTERVAL BETWEEN ONSET AND DEATH 28 days years
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 Month, Day, Year a. 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 8-30-52 to 4-9-57 and last saw her/him alive on 4-1-57 Death occurred at 11 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Oscar F. Wilson D.O.				22b. ADDRESS Eminence Mo		22c. DATE SIGNED 4-22-57	
23a. BURIAL, CREMATION, REMOVAL & SPECIFY Burial		23b. DATE 4/12/57	23c. NAME OF CEMETERY OR CREMATORY Bethel Chapel		23d. LOCATION (City, town, or county) (State) Eminence, Missouri		
24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home Mt. View, Mo.			25. DATE RECD. BY LOCAL REG. Apr 26 1957		26. REGISTRAR'S SIGNATURE Mabel G. [Signature]		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

447

APR 30 1957

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 Richard A. Norton, Student Embalmer No. 540 working under my personal supervision.

Student Richard A. Norton
Signature of Student Embalmer

Signed Joe R. Duncan
Licensed Embalmer No. 437
P. O. Address W. W. Duncan

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.

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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#1b, 2c, 8, 14, 17 amended by daughter's affidavit, U.S. Census Record & decedent's parents' marr record 04-17-08 mjd

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15871

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6128 Registrar's No. 414

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Emminence, Missouri</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Emminence, Missouri</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>residence</u>			Length of stay in lb <u>life</u>		d. STREET ADDRESS (If outside, give location) <u>4 miles east</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Johathan</u> Middle <u>E.</u> Last <u>Pogue</u>				4. DATE OF DEATH Month <u>April</u> Day <u>9</u> Year <u>1957</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>Oct. 17, 1884</u>		9. AGE (In years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Reynolds Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Wiley Pogue</u>				14. MOTHER'S MAIDEN NAME <u>Charity Chitwood</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		(If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Bertle Pogue</u> Address <u>Emminence, Missouri</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral apoplexy</u> Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) <u>pul. carcinoma - Rt apex</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>16.3x</u>								INTERVAL BETWEEN ONSET AND DEATH <u>28 days</u> <u>feels</u>	
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 <u>8-30-52</u> to <u>4-9-57</u> and last saw her alive on <u>4-1-57</u> Death occurred at <u>her</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>O. Emphis F. Wilson D.D.</u> (Degree or title)				22b. ADDRESS <u>Emminence Mo</u>				22c. DATE SIGNED <u>4-22-57</u>	
23a. BURIAL, CREMATION, or other disposal <u>Burial</u>		23b. DATE <u>4/12/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Chapel</u>		23d. LOCATION (City, town, or county) (State) <u>Emminence, Missouri</u>			
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn. View, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Apr 26 1957</u>		26. REGISTRAR'S SIGNATURE <u>Maude Pogue</u>			

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