

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38167

BIRTH NO. _____		REG. DIST. NO. <u>221</u>		PRIMARY REG. DIST. NO. <u>5793</u>		State File No. _____	
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>JAMESTOWN (RURAL)</u> township)			c. LENGTH OF STAY (In this place) <u>10 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JAMESTOWN (RURAL)</u>			<u>0680</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWIN</u> b. (Middle) <u>POEHLMANN</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15, 1951</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>& 7/31/1905</u>		9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>AUSTRIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN POEHLMANN</u>		13b. MOTHER'S MAIDEN NAME <u>ADELINE BAUMGERTAN</u>		14. NAME OF HUSBAND OR WIFE <u>LUCILLE POEHLMANN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>LUCILLE POEHLMANN, JAMESTOWN, MO.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thromboses</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>California Moniteau MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>May 2, 1950</u> to <u>Nov. 15, 1951</u> , that I last saw the deceased alive on <u>Nov. 14, 1951</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>California, MO</u>			23c. DATE SIGNED <u>11/17/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/18/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JAMESTOWN LUTHERAN</u>		24d. LOCATION (City, town, or county) (State) <u>JAMESTOWN, MONITEAU, MO.</u>			
DATE REC'D BY LOCAL REG. <u>Nov 18 - 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>194</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILLIAMS FUNERAL HOME, CALIFORNIA, MO.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 20 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 20 1951

APR 8 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *W. E. Friedmeyer*

Signed.....
Student Embalmer

Licensed Embalmer No. *2854*

P. O. Address *California Me*

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 this body is not embalmed, fact should be so stated above.