

FILED JAN 6 1949

## STANDARD CERTIFICATE OF DEATH

State File No. ....

41149

BIRTH NO. <u>29</u>		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>326</u>				
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		6				
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>McCormick Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1600 Schueneman</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maud</u>			b. (Middle)			c. (Last) <u>Poindexter</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28 - 1948</u>			5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>June 17<sup>th</sup> 1876</u>			9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>		IF UNDER 2 HRS. Hours <u>11</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>MOU 9, USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Thomas B Burge</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Pemberton Smith</u>			14. NAME OF HUSBAND OR WIFE <u>A Poindexter</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/> Yes			16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>			17. INFORMANT'S SIGNATURE OR NAME <u>Thos B Burge</u>			ADDRESS <u>1600 Schueneman</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, asthenia, etc. It means the disease, injury, or complication which caused death. <u>93D</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>						INTERVAL BETWEEN ONSET AND DEATH <u>11-15-48</u>  <u>1938</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>						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)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2</u>						
22. I hereby certify that I attended the deceased from <u>1-28</u> , 19 <u>48</u> , to <u>12-28</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>12-28</u> , 19 <u>48</u> , and that death occurred at <u>10:35</u> m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Cliff S. Jolly MD</u>				23b. ADDRESS <u>203 1/2 N. Clark Moberly</u>			23c. DATE SIGNED <u>12-30-48</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 30 - 48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>				
DATE REC'D BY LOCAL REG. <u>12-30-48</u>		REGISTRAR'S SIGNATURE <u>Paul Williams</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahawandson</u>				ADDRESS <u>Moberly Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

88  
6  
3

RECEIVED

District Health Officer No. 10.

District File Number 1-49-17

Date Filed JAN 4 - 1949

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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Frank J. DeWitt*

Licensed Embalmer No. \_\_\_\_\_

*3021*

P. O. Address \_\_\_\_\_

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