

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19011

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE	
c. LENGTH OF STAY (in this place) 25 yrs		d. STREET ADDRESS (If rural, give location) 810 WATER STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION REAR OF 400 HIGH			

3. NAME OF DECEASED (Type or Print) WILLIAM POINDEXTER			4. DATE OF DEATH JUNE 7 - 1949		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH MAY 10 - 1890	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY DAY LABOR	11. BIRTHPLACE (State or foreign country) MISSISSIPPI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME DR. M.L. DIEKROEGER - CORONER	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound chest		INTERVAL BETWEEN ONSET AND DEATH Instant
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gunshot.		
	DUE TO (c):		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			E-181X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office bldg., etc.) Home street	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE Boonville Cooper Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 7 49 11	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Shot in chest.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death resulted from _____, from the causes and on the date stated above.

23a. SIGNATURE (Death certifier) M.L. Diekroeger M.D.	23b. ADDRESS Boonville Mo.	23c. DATE SIGNED 6/8/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 9 - 1949	24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	24d. LOCATION (City, town, or county) (State) BOONVILLE - MO.
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DATE REC'D BY LOCAL REG. June 9-49	REGISTRAR'S SIGNATURE DeCooper	381	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEGNER FUNERAL HOME - BOONVILLE
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

27
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JUN 15 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-15-49

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.

Signed _____

James W. Stegner

Licensed Embalmer No. #&' 3780

P. O. Address BOONVILLE - MO.

Signed _____
Student Embalmer

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.