

No. 300
10.48

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36042

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY STODDARD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STODDARD	
b. CITY (If outside corporate limits, write RURAL and give township) Liberty TWP		c. CITY (If outside corporate limits, write RURAL and give township) RURAL LIBERTY TWP.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 10 miles NW of Bernie, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) MONROE c. (Last) POUNDS			4. DATE OF DEATH (Month) (Day) (Year) October 3 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 1 1887	9. AGE (In years last birthday) -62	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Stoddard County Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JOHN POUNDS	13b. MOTHER'S MAIDEN NAME VIRGINIA MASON	14. NAME OF HUSBAND OR WIFE SELETE POUNDS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. SELETE POUNDS	RFD # 3	ADDRESS BEXTER, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH one week 7534
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infection in legs DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct. 1, 1949 to Oct. 3, 1949, that I last saw the deceased alive on Oct. 3, 1949 and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE D. Cannon (Degree or title)	23b. ADDRESS Baxter Mo.	23c. DATE SIGNED 10/10/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE October 7, 1949	24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery	24d. LOCATION (City, town, or county) (State) Bernie, Missouri
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DATE REC'D BY LOCAL REG. 10-10-1949	REGISTRAR'S SIGNATURE Theresa J. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE Paul O. Drum	ADDRESS Bernie, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 18

District Health Office

District File Number 1049

Date Filed _____

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 J. S. Schuman

Signed _____

Student Embalmer

Licensed Embalmer No. 4086

P. O. Address Malden, Mass.

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.