

FILED AUG 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23831**

BIRTH NO. _____ REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **4358** Registrar's No. **22**

1. PLACE OF DEATH

a. COUNTY **New Madrid**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Lilbourn**

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY **New Madrid**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Lilbourn** **0720**

d. STREET ADDRESS (If rural, give location) **0**

3. NAME OF DECEASED

a. (First) **William** b. (Middle) _____ c. (Last) **Dees**

4. DATE OF DEATH (Month) (Day) (Year) **July 18 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **March 22 1889** 9. AGE (In years last birthday) **62** IF UNDER 1 YEAR Months **3** Days **26** IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Merchant** 10b. KIND OF BUSINESS OR INDUSTRY **Pool Room**

11. BIRTHPLACE (State or foreign country) **New Madrid Co., Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Will Dees** 13b. MOTHER'S MAIDEN NAME **Addie Day** 14. NAME OF HUSBAND OR WIFE **Verna Dees**

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. _____

17. INFORMANT'S SIGNATURE OR NAME **Verna Dees** ADDRESS **Lilbourn, Missouri**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral thrombosis**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **L**
DUE TO (c) **V**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Hypertension**

INTERVAL BETWEEN ONSET AND DEATH **Immediate**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____ m. _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **June 17, 1951**, to **July 18, 1951**, that I last saw the deceased alive on **July 18, 1951**, and that death occurred at **9 P** m., from the causes and on the date stated above.

23a. SIGNATURE **Clair M. Ponder** (Degree or title) _____ 23b. ADDRESS **Registrar** 23c. DATE SIGNED **7-20-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 21 1951** 24c. NAME OF CEMETERY OR CREMATORY **Mounds Park Cem** 24d. LOCATION (City, town, or county) (State) **Lilbourn, Missouri**

DATE REC'D BY LOCAL REG. **7-21-51** REGISTRAR'S SIGNATURE **H. F. Ponder** 25. FUNERAL DIRECTOR'S SIGNATURE **Ponder Funeral Home-Lilbourn, Mo.** ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

5720

RECEIVED

JUL 31 1951

DISTRICT HEALTH OFFICE No.

File No.

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

Homer L. Ponder

.....
Student Embalmer

Licensed Embalmer No.

3367

P. O. Address

Lilbourn, 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.