

REC'D OCT 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34443**

BIRTH NO. _____ REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **4358** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY OR TOWN Lilbourn		c. CITY OR TOWN Lilbourn	
c. LENGTH OF STAY (In this place) 30yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) a. (First) Katie b. (Middle) _____ c. (Last) Christopher			4. DATE OF DEATH Oct. 6 1951 (Month) (Day) (Year)		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 16 1889		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 7 Days 20		IF UNDER 24 HRS. Hours 1 Min. 20	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Robert Clendenin		13b. MOTHER'S MAIDEN NAME Martha Bryant		14. NAME OF HUSBAND OR WIFE Joseph Christopher	
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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 Joseph Christopher		ADDRESS Lilbourn, Missouri	
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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 3da.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis & Congestive Delectio		DUPLICATE						2 or 3 yrs	
ANTECEDENT CAUSES		DUPLICATE						2 yrs	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE						2 yrs	
DUPLICATE		DUPLICATE						2 yrs	
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE						2 yrs	
Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE						2 yrs	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 4201		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) (Min.) _____		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 **3-3 1950**, to **Oct 6 1951**, that I last saw the deceased alive on **Oct 5 1951**, and that death occurred at **2:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE John Killion MD (Degree or title)		23b. ADDRESS Portageville, Mo		23c. DATE SIGNED 10-8-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 9 1951		24c. NAME OF CEMETERY OR CREMATORY Portageville Cem.		24d. LOCATION (City, town, or county) (State) Portageville, Missouri	
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DATE REC'D BY LOCAL REG. Oct. 10 1951		REGISTRAR'S SIGNATURE H. L. Ponder Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Ponder Funeral Home-Lilbourn, Mo.		ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

OCT 19 1951

DISTRICT HEALTH OFFICE No. 6

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.....
Student Embalmer

Signed

Horner L. Ponder

Licensed Embalmer No.

3367

P. O. Address

Tilbourn, 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.