

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24228**
727

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5465** Registrar's No. _____

390

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write BUREAU and give township) Springfield North Campbell	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write BUREAU and give township) Strafford	1390
d. FULL NAME OF HOSPITAL OR INSTITUTION Greene County Hospital		d. STREET ADDRESS (If rural, give location) Strafford	

3. NAME OF DECEASED (Type or Print) a. (First) Lester b. (Middle) Jennings c. (Last) Poynor			4. DATE OF DEATH (Month) (Day) (Year) July 31 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 18 March 1915	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Frank Poynor		13b. MOTHER'S MAIDEN NAME Lilly Earnatt		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) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Harold Poynor		ADDRESS Strafford 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncheetasis ANTECEDENT CAUSES Bronchitis acute DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Progressive Muscular Atrophy				INTERVAL BETWEEN ONSET AND DEATH Unknown 4 weeks 17 yrs.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 526X		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) m.				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 **7/26, 1952** to **7/31, 1952**, that I last saw the deceased alive on **7/30, 1952**, and that death occurred at **10:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE James R. Amis		(Degree or title)		23b. ADDRESS Greene County Court House Springfield, Missouri		23c. DATE SIGNED 8/2/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3 Aug. 1952	24c. NAME OF CEMETERY OR CREMATORY Mount Pisgah Cemetery		24d. LOCATION (City, town, or county) (State) Webster County Mo.	
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DATE REC'D BY LOCAL REG. 8-1-52	REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co.		ADDRESS Springfield, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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. 758

working under my personal supervision.

Student Andrew J. Pitts
Student Embalmer

Signed Ogl Stone Jr

Licensed Embalmer No. 4126

P. O. Address Springfield

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.