

No. 300
10. 48

FILED SEP 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28951

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5920 Registrar's No. 73

190

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

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union Township	c. LENGTH OF STAY (in this place) 91 Year	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union Township 2792	
d. FULL NAME OF HOSPITAL OR INSTITUTION Biehle, Mo. R.l.		d. STREET ADDRESS (If rural, give location) Biehle, Mo. R.l.	

3. NAME OF DECEASED (Type or Print)	a. (First) Anton	b. (Middle) Joseph	c. (Last) Ponder	4. DATE OF DEATH (Month) (Day) (Year) August 29, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH September 8, 1860	9. AGE (In years last birthday) 91	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0
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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 Agriculture	11. BIRTHPLACE (State or foreign country) Perry County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Ponder	13b. MOTHER'S MAIDEN NAME Theresa Meyer	14. NAME OF HUSBAND OR WIFE Mary Hennemann
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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 Ponder, Biehle, Mo. R.l.	17. ADDRESS Biehle, Mo. R.l.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days 20 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, General 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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 9, 1952, to Aug 29, 1952, that I last saw the deceased alive on Aug 28, 1952, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE Theodore Tucker M.D.	23b. ADDRESS Attenbury, Mo.	23c. DATE SIGNED 8/30/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE September 1, 1952	24c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery	24d. LOCATION (City, town, or county) (State) Schnurbusch, Mo.
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DATE REC'D BY LOCAL REG. Sep 2-52	REGISTRAR'S SIGNATURE Joseph J. Zellmer	25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey	ADDRESS Perryville, Mo.
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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, _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3866

P. O. Address Ferayville, 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.