

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34323

State File No.

1952 OCT 31

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 411

0124

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

1. PLACE OF DEATH a. COUNTY Butler		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) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield	
c. LENGTH OF STAY (in this place) 3 da.		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Walter	
c. (Last) Ponder		4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 18, 1889
9. AGE (In years last birthday) 63		10. UNDER 1 YEAR Months _____ Days _____	10. UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor Retired		10b. KIND OF BUSINESS OR INDUSTRY retired	
11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Ponder		13b. MOTHER'S MAIDEN NAME Minerva Ponder	
14. NAME OF HUSBAND OR WIFE Myrtle L. Ponder			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490-03-6963	
17. INFORMANT'S SIGNATURE OR NAME Myrtle L. Ponder		ADDRESS Bloomfield, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Arterial Sclerosis DUE TO (c) Hypertension 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"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-12</u> , 19 <u>52</u> , to <u>10-15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-15</u> , 19 <u>52</u> , and that death occurred at <u>2:10 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE W. H. Johnson (Degree or title)		23b. ADDRESS	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-17-52	
24c. NAME OF CEMETERY OR CREMATORY Bloomfield, cemetery		24d. LOCATION (City, town, or county) (State) Bloomfield, Mo.	
DATE REC'D BY LOCAL REG. 10-18-52		REGISTRAR'S SIGNATURE Wm. H. Johnson 428-0	
25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser.		ADDRESS Bloomfield, Mo.	

RECEIVED

OCT 30 1952

BUTLER CO. HEALTH CENTER

FILE No. 1052-525

AUG 26 1959

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.

Student

Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Defton, 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.