S. No. 300
v. 10.48

FILED FEB 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2454

State File No.

BIRTH NO. REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 12

791
C

1. PLACE OF DEATH
a. COUNTY: Perry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Perryville
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): Perry Co Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ste. Genevieve
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ste. Genevieve 0951
d. STREET ADDRESS (If rural, give location): 130a North Main Street /

3. NAME OF DECEASED (Type or Print)
a. (First): CLIFTON
b. (Middle): MATTHEW
c. (Last): POINDEXTER

4. DATE OF DEATH (Month) (Day) (Year): 1 27 53

5. SEX: Male C
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married C
8. DATE OF BIRTH: January 7, 1908
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookeeper
10b. KIND OF BUSINESS OR INDUSTRY: General-Pass Book
11. BIRTHPLACE (State or foreign country): Ste. Genevieve, Mo C
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Cleve Poindexter
13b. MOTHER'S MAIDEN NAME: Odile Godier
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 498-14-8931
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Agnes Moore — ADDRESS: Ste. Genevieve, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — 8 hours

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe Kypho-Scoliosis — Lifetime

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 745X
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* 27 Jan, 1953, *to* 27 Jan, 1953 *that I last saw the deceased alive on* 27 Jan, 1953, *and that death occurred at* 8:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Richard Chapman (Degree or title): M.D.
23b. ADDRESS: Perryville, Mo
23c. DATE SIGNED: JAN 28 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: January 30, 53
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Calvary
24d. LOCATION (City, town, or county) (State): Ste. Genevieve Mo

DATE REC'D BY LOCAL REG.: Jan 31-53
REGISTRAR'S SIGNATURE: Joe J. Goellner
25. FUNERAL DIRECTOR'S SIGNATURE: Jerome A. Kaulen — **ADDRESS**: Ste. Genevieve, Mo
(Licensed Embalmer's Statement on Reverse Side)

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

JAN 10 1958

APR 21 1956

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 Jerome H. Scanlon

Licensed Embalmer No. 3817

P. O. Address Ste. Genevieve, 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.