

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31616**

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **201**

420

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

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) Windsor		c. LENGTH OF STAY (In this place) 35 years	c. CITY (If outside corporate limits, write RURAL and give township) Windsor		OR TOWN 0420
d. FULL NAME OF HOSPITAL OR INSTITUTION 510 E. Colorado			d. STREET ADDRESS (If rural, give location) 510 E. Colorado		
3. NAME OF DECEASED a. (First) ALMENDIE b. (Middle) STUBBS c. (Last) PONTIUS			4. DATE OF DEATH Sept. 11 1953 (Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Feb. 26, 1865	9. AGE (In years last birthday) 88	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (City and State or Foreign Country) Vernon County Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Stubbs		13b. MOTHER'S MAIDEN NAME Mary Elizabeth McCarty		14. NAME OF HUSBAND OR WIFE Charles W. Pontius	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME E.C. Stubbs ADDRESS Windsor Missouri		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201
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 July 1850 , to Sept 11, 1953 , that I last saw the deceased alive on Sept 11, 1953 , and that death occurred at 6:45 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Kayes Jordan		(Degree or title) MD	23b. ADDRESS Windsor Mo		23c. DATE SIGNED 9-14-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-13-53	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	24d. LOCATION (City, town, or county) (State) Windsor, Missouri		
DATE REC'D BY LOCAL REG. Sept-13-53	REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner ADDRESS Windsor, Mo		

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.