o. 300
0.48

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

FILED OCT 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32726

State File No.

BIRTH NO. REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN Salt Springs
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) Pleasant View Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
d. STREET ADDRESS (If rural, give location) 0883 P

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) A c. (Last) Poinderter
4. DATE OF DEATH (Month) (Day) (Year) July 20 1953
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 17 1868
9. AGE (In years last birthday) 85 — UNDER 1 YEAR Months — Days 3 — IF UNDER 24 HRS. Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Mo
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME John Poinderter
13b. MOTHER'S MAIDEN NAME Martha Hayes
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. ✓
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mabel Monroe, Detroit, Mich

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arterio sclerosis — D.K.
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 none 4201
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* June 10, 1952, *to* July 15, 1953, *that I last saw the deceased alive on* July 15, 1953, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE P. W. Dreyer (Degree or title) MD
23b. ADDRESS Huntsville, Mo.
23c. DATE SIGNED 7/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-22-53
24c. NAME OF CEMETERY OR CREMATORY Oakland
24d. LOCATION (City, town, or county) (State) Moberly Mo

DATE REC'D BY LOCAL REG. 10-7-53
REGISTRAR'S SIGNATURE Mary H. Bentley 482
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mahan and Son, Moberly Mo

(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. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Frank D. [illegible]

Licensed Embalmer No. 3021

P. O. Address Moberly

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.