

No. 300  
10-48

FILED APR 27 1954

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

14682

State File No. ....

5382

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u> Nevada </u>		c. CITY OR TOWN <u>Nevada</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>706 N. Adams St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Nevada City Hospt</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie</u>	b. (Middle) <u>Jullian</u>	c. (Last) <u>Judd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 17 - 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-25-1877</u>	9. AGE (In years last birthday) <u>77</u>	10. <input type="checkbox"/> UNDER 1 YEAR	11. <input type="checkbox"/> UNDER 2 HRS.
			Days <u>1</u>	Hours <u>22</u>	Minutes <u></u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Altona, Mo. - Bates Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Poindexter</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Salzman</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ollie J. Judd R.F.D. #2, Mitz, Mo.</u>	ADDRESS <u></u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cowberry occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> Nevada Mo. Bates County</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from on 4/17, 1954, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 4/17, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Oliver W. Pinner M.D.</u> (Degree or title)	23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>4/21/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-20-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Johnstown</u>	24d. LOCATION (City, town, or county) (State) <u>Bates County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-24-1954</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayes Funeral Service Nevada, Mo.</u>	ADDRESS <u></u>
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(Licensed Embalmers' Statement on Reverse Side)

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

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.....  
Signature of Student Embalmer

Signed *A.H. Marmaduke*.....

Licensed Embalmer No. *207*.....

P. O. Address *Wada, W*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.