

FILED DEC 27 1954

STANDARD CERTIFICATE OF DEATH

State File No. **40468**

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 5310		Registrar's No. 107	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) Lamine Twp. Rural		c. LENGTH OF STAY (In this place) 1 1/2		c. CITY OR TOWN Blackwater		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home.				e. STREET ADDRESS (If rural, give location) R.F.D. 0270			
3. NAME OF DECEASED (Type or Print)		a. (First) Belle Wilma		b. (Middle) Wilmarth		c. (Last) Poindexter.	
4. DATE OF DEATH (Month) (Day) (Year) December 18 1954		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED OR FORCED (Specify) Married	
8. DATE OF BIRTH Feb. 24 1889		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Luma Wilmarth,		13b. MOTHER'S MAIDEN NAME Minerva Martin		14. NAME OF HUSBAND OR WIFE J. K. Poindexter.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. K. Poindexter, Blackwater, 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, 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) Coronary Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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) (Min.)		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 Dec 17, 1954 , to Dec 18, 1954 , that I last saw the deceased alive on Dec 18, 1954 and that death occurred at 6:10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Donald J. Shawner, M.D.				23b. ADDRESS Blackwater Mo		23c. DATE SIGNED 12/20/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 20/1954		24c. NAME OF CEMETERY OR CREMATORY Old Lamine		24d. LOCATION (City, town, or county) (State) Cooper County, Mo.	
DATE REC'D BY LOCAL REG. 12-20-54		REGISTRAR'S SIGNATURE D. Hooper		25. FUNERAL DIRECTOR'S SIGNATURE 381-0		ADDRESS Goodman & Boller, Boonville, Mo.	

(Licensed Embalmer's 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 *G. F. Poller*.....

Licensed Embalmer No. *306*

P. O. Address *Boonville*.....

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.