

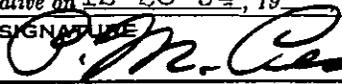
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41469

FILED JAN 11 1955

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City</b>		c. LENGTH OF STAY (in this place) <b>40 Yrs.</b>		c. CITY OR TOWN <b>Webb City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>301 E. Daugherty St.</b>				STREET ADDRESS (If rural, give location) <b>301 E. Daugherty St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>		b. (Middle) <b>Sol</b>		c. (Last) <b>Poindexter</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 29, 1954</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Oct. 11, 1877</b>	
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>18</b>		IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Transfer Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Everton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>H. Poindexter</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Dollie Williams</b> ADDRESS <b>301 E. Daugherty St Webb City, Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <u>12-15-54</u> to <u>12-29-54</u> , that I last saw the deceased alive on <u>12-28-54</u> , 19 <u>54</u> and that death occurred at <u>12:40A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE  (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Carterville, Mo.</b>		23c. DATE SIGNED <b>12-29-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-1-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Antioc Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Everton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-2-55</b>		REGISTRAR'S SIGNATURE <b>Madeline Switzer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Johnston-Arnce-Simpson</b> ADDRESS <b>Webb City, Mo</b>			

(Licensed Embalmers Statement on Reverse Side)

Case File No. 44-1000-1000

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 *Jack C. Simpson*

Licensed Embalmer No. *464*

P. O. Address *Webb City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.