

MIDDELE 271954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42066

State File No. 489

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 489

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Ripley</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> | |
| b. CITY OR TOWN <u>Doniphan</u> | | c. CITY OR TOWN <u>Doniphan</u> | |
| c. LENGTH OF STAY (in this place) <u>2 years</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 8910 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>306 Jackson Street</u> | | f. STREET ADDRESS (If rural, give location) <u>306 Jackson Street</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie</u> b. (Middle) _____ c. (Last) <u>Ponder</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1954</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u> | 8. DATE OF BIRTH <u>2 Oct. 9, 1871</u> |
| 9. AGE (in years last birthday) <u>83</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u> | IF UNDER 12 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Centerville, Tennessee</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>Thomas Elkins</u> | 13b. MOTHER'S MAIDEN NAME <u>Fannie Wade</u> | 14. NAME OF HUSBAND OR WIFE <u>Acel Ponder</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>William R. Elkins, Doniphan, Mo.</u> ADDRESS _____ | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>11-11-54</u> 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. | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | 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) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ | |
| 22. I hereby certify that I attended the deceased from <u>11-17-54</u> to <u>11-19-54</u> , that I last saw the deceased alive on <u>11-17-54</u> , and that death occurred at <u>10:15 A.M.</u> on <u>11-19-54</u> from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>C. G. Fork, M.D.</u> (Degree or Title) | | 23b. ADDRESS <u>Doniphan, Mo.</u> | 23c. DATE SIGNED <u>11-22-54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>11-22-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>DONIPHAN CEMETERY, DONIPHAN, MISSOURI</u> | 24d. LOCATION (City, town, or county) (State) |
| DATE REC'D BY LOCAL REG. <u>11-22-54</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> 277 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means, Doniphan, Mo.</u> ADDRESS _____ | |

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..... *Ray Means*

Licensed Embalmer No. *3743*

P. O. Address. *Doniphan*

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.