

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8562

State File No. ....

FILED MAR 29 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Joplin</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>48 Yrs</u>		e. STREET ADDRESS (If rural, give location) <u>2629 Virginia Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2629 Virginia Avenue</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Cordy</u>	b. (Middle) <u>W.</u>	c. (Last) <u>POND</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 20, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 1, 1903</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Food Broker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Groceries</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>El Dorado Springs, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Stroud Pond</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Dowell</u>	14. NAME OF HUSBAND OR WIFE <u>Alberta Pond</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>491-01-4560</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alberta Pond</u>	ADDRESS <u>2629 Virginia Ave Joplin, Mo.</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, right lung</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) <u>103 X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary anemia, Crochexia, polyplis,</u>			

19a. DATE OF OPERATION <u>7/21/1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Pulmonary Carcinoma involving bronchial flexure &amp; vessels</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 6/29, 1953, to 3/20, 1955, that I last saw the deceased alive on 3/20, 1955, and that death occurred at 8:15P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS <u>420 Byers Ave Joplin, Mo.</u>	23c. DATE SIGNED <u>3/20/1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 22, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-24-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mort</u>	ADDRESS <u>Joplin, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed MAR 28 1955

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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 *W. H. Johnston*

Licensed Embalmer No. 4770  
P. O. Address Joplin, Mo.

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.