

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30055**

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 5630		Registrar's No. 158		
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede				
b. CITY (If outside corporate limits, write RURAL and give town) Lebanon Rural		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Lebanon		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 Rural Route # 5				STREET ADDRESS (If rural, give location) Rural Rt. # 5				
3. NAME OF DECEASED (Type or Print) a. (First) Jess b. (Middle) B. c. (Last) Poynter			4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1955					
5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 30, 1898		
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 1 Days 23		IF UNDER 24 HRS. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Dealer Used furniture			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Dallas Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alf Poynter			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Mathie Poynter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 499-03-2868		17. INFORMANT'S SIGNATURE OR NAME Leland Poynter ADDRESS Lebanon Rt. 5			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 48 hours		
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE None		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) _____ m. _____		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 9/19 , 19 55 , to 9/23 , 19 55 , that I last saw the deceased alive on 9/23 , 19 55 , and that death occurred at 8:10 A m., from the causes and on the date stated above.								
23a. SIGNATURE E. Fisher (Degree or title) M.D.			23b. ADDRESS Lebanon, Mo			23c. DATE SIGNED 9/26/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/28/55		24c. NAME OF CEMETERY OR CREMATORY Belle Cemetery near Lebanon, Mo.		24d. LOCATION (City, town, or county) _____ (State) _____		
DATE REC'D BY LOCAL REG. 9-26-1955		REGISTRAR'S SIGNATURE Hella L. Blaylock		25. FUNERAL DIRECTOR'S SIGNATURE Halman Funeral Home ADDRESS Lebanon, Mo.				

(Licensed Emballer's Statement on Reverse Side)

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

NOV 11 1955

Received 10-3-55
Laclede County Health Unit
File No. 158
Date Filed 10-3-55

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 Harvey M. How

Licensed Embalmer No. 422

P. O. Address Lebanon

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.