

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33887

FILED NOV 15 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY OR TOWN <u>Lebanon</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>Life</u>		e. STREET ADDRESS (If rural, give location) <u>Rt # 5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 5</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leland</u> b. (Middle) <u>Ray</u> c. (Last) <u>Poynter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3, 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 1st, 1918</u>		9. AGE (In years last birthday) <u>37</u> Months <u>7</u> Days <u>2</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician's helper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jess Poynter</u>			
13b. MOTHER'S MAIDEN NAME <u>Mattie Richardson</u>		14. NAME OF HUSBAND OR WIFE <u>Jocille Poynter</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>494-18-4349</u>		17. INFORMANT(S) SIGNATURE OR NAME <u>Mrs. Jocille Poynter</u> ADDRESS <u>Lebanon Mo.</u>	
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 Hours</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		ANTECEDENT CAUSES			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
		DUE TO (c) <u>420</u>			
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>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>000</u>		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 11/3, 1955, to 4/3, 1955, that I last saw the deceased alive on 11/3, 1955, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE E. J. Fisher (Degree or title) M.D. 23b. ADDRESS Lebanon Missouri 23c. DATE SIGNED 11/7/55

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 6, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baller Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Lebanon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-7-1955</u>		REGISTRAR'S SIGNATURE <u>Hella L. Hays</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Holman Funeral Home</u> ADDRESS <u>Lebanon Mo.</u>			

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

316, 20

Received 11-14-55
Laclede County Health Unit
File No. 180
Date Filed 11-14-55

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 Barney M. Howe

Licensed Embalmer No. 42

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.