

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 9 - 1956

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Iberia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Iberia</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Star Route</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Richwoods Twp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Washington</u> c. (Last) <u>Ponder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
<u>Widowed</u>		8. DATE OF BIRTH <u>Mar 2, 1864</u>		9. AGE (In years last birthday) <u>92</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Miller Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Wincelous Ponder</u>		13b. MOTHER'S MAIDEN NAME <u>Joanne Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Hepysebeth Stone</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Ponder, Iberia, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Art Dis.</u>			<u>year</u>
		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>4200</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2/27, 1956</u> to <u>3/6, 1956</u> , that I last saw the deceased alive on <u>3/6, 1956</u> , and that death occurred at <u>9:45 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. E. Humphreys, D.D.</u> (Degree or title)			23b. ADDRESS <u>Tusculum, Mo.</u>		23c. DATE SIGNED <u>3-9-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/8/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Point</u>		24d. LOCATION (City, town, or county) (State) <u>Iberia, Mo.</u>

DATE REC'D BY LOCAL REG. <u>MARCH 30 1956</u>		REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Homes Inc</u> ADDRESS <u>Iberia, Mo</u>	
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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
Student Embalmer

Signed

Walter P. Vesper

Licensed Embalmer No. *14265*

P. O. Address *Iberia, 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 this body is not embalmed, fact should be so stated above.